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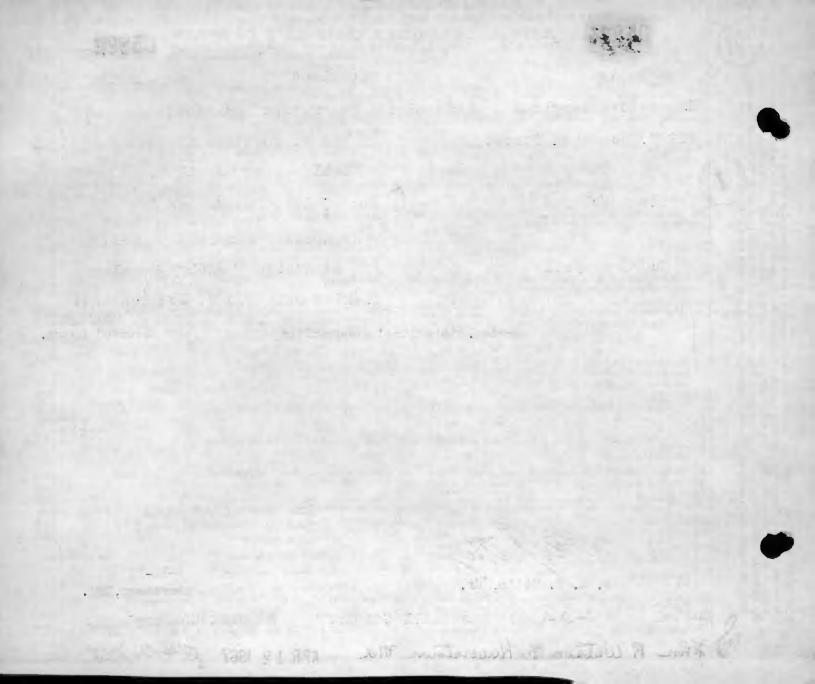
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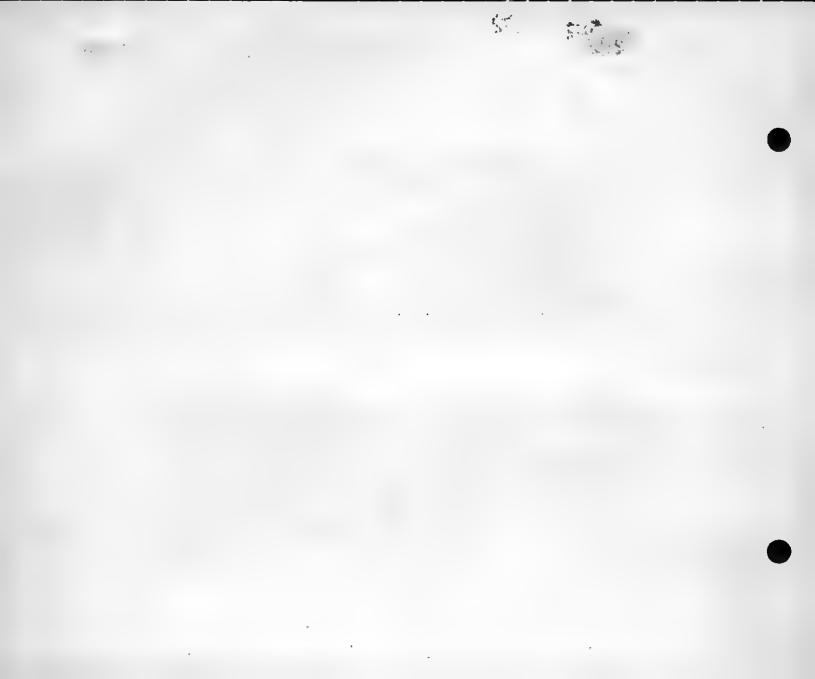
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER Item #14 infor. taken fr USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY Maryland b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) Hagerstown Maryland | Life tim Life time Hagerstown Maryland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Jonathan Street YES NO TO Jonathan 3. NAME OF Middin 4. DATE DECEASED the OF (Type or print) Terry Reed Bell DEATH April 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED may 2 with B. DATE OF BIRTH 9. AGE IIn years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Female Colored WIDOWED DIVORCED [1966 ve Pages 1, 2, a PM3. Page 5 rapages 1 and 2 10e. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hagerstown Maryland USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Gwendolyn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) | (If yes give we ror detes of service) Charles Bell 222 N. Jonathan St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Acute Interstitial Pneumonitis Several hours. DUE TO Conditions, if eny, which writing the word "pending" Chief Medical Examiner's age 3 should be used as a gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) While Not While fectory, street, office bldg., etc.) Houz am at work st work 20 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion death resulted from: Natural causes - Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. should be FUNERAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Dr. E. W. Ditto. NAME (Type) Address (Street, city, town, or county) Hagerstown, please 4 shoul 10 FUN Health 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Rose Hill Cemetery Hagerstown Maryland. 23. FUNERAL DIRECTOR ADDRESS VR A15ME 5M 1/62 . Hagerstown Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05825 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Washington Marvland Washington completely filled in by the furnity corbon papers. Pages 1 y event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate I mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Hagers town Days Hagerstown. Maryland Rural# d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Willsons Washington County Hospital NOX YES NAME OF DECEASED (Type or print) Middle Lost 4. DATE Month Year Clarence Leroy Best April 1967 DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED lost buthday) Months White ony Male April WIDOWED DIVORCED permit. Then please re-10o USJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) Md 105 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT Hag Rubber Co during most of working life, even if retired) Samples Manor Wash Co 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM Hezekiah Best Sarah Montgomery IS WAS DECEASED EVER IN J.S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 383 Mrs Beulah V. Best Near Wilsons. (Yes, no, or unknown) (If yes give wor or dates of service) cremation, NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse as the has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 WAS AUTOPS with the State Dept. of Health After this certificate þ 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this hospita) attended the deceased fram saw the deceased alive an C FUNERAL DIRECTOR: , and that death accurred at A.M. from causes and an the date stated above. 220 SIGNATHRE M.D PHYS DIRECTOR PHYS CIAN S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Store) Cedar Lawn Mem. Park Hagerstown Wash Co 0 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE Adrew Process Inc. Hagerstown Maryland.



23c-MAME OF CEMETERY OR CREMATORY

2Se REC'D

BORD

IF UNDER 1 YEAR

Days

12 CITIZEN OF WHAT

COUNTRY,

Months

e IS RESIDENC ON A FARM

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Yas.

YES

(County)

22b DATES GNED 17 Arrec 1967

REG STRARS SIGNATURE

19 WAS AUTOPSY PERFORMED?

NO _

(Stote)

VR A15 (4) 25M 1/67

BUR AL, CREMATION.

REMOVAL (Specify) 24. FUNERAL DIRECTOR 23b. DAJE THEREOT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05827 CERTIFICATE OF DEATH deoth. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Washington MARYLAND Maryland requires that the death certificate be executed within 24 hours after completely filled in by the lovestone papers Poges Keveni, within 72 hours afti b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Life Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 110 107 E. Magnolia Ave. 107 E. Magnolia Ave. YES NO K NAME OF Middle 4 DATE Month First Last Doy Year DECEASED 19 67 Black April R. John (Type or pant) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 7 MARRIED lost birthday) Haurs Dec. 4, 1894 WIDOWED DIVORCED White Male in an puo 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY the ottending physician isit permit. Then please signed by the ottending physician buriol-tronsit permit. Then please burial, cremation, ar removal, and U. S. Shepherdstown, W. Va. Clothing Merchant 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John B. Black Etta Ray Hare Hotown, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war or dates of service) M. One 218-30-8612 Mrs. Tenna F. Black, 107 E. Magnolia Ave Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY. ONSET AND DEATH ramiz IMMEDIATE CAUSE (a) 11º10 X DUE TO elone Ph Fitis Canditians, if any, which gave nse to immediate cause (a), DUE TO ed for use as the land. of Health prior to b stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been teriolar ne Phro scloros is las* WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) PHYSICIAN: The PERFORMED? Scleret NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame farm, 20d INJURY OCCURRED (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur 'a.m. factory, street, affice bldg , etc.) Not While of work at wark 21. I certify that (1) (this hospital) attended the deceased from Merch 16 19 66, to APril 25, 1967, that (1) (we) last be retained director, page 3 shauld should be filed with the 19.6.7, and that death accurred at 8:30 ft M, from causes and an the date stated obove. saw the deceosed alive an APIT 25 22a. SIGNATURE M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Poge 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 BURIAL CREMATION DATE THEREOF REMOVAL (Specify)
Burial 4- 28-25b REGISTRAR S SIGNATURES Boonsboro Cemetery Boonsboro
ADDRESS ZSo REC'D BY REGISTRAR ZSb 24 FUNERAL DIRECTOR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, 15d DATE MAY 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O COUNTY WASHINGTON b. COUNTY g. STATE MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) 20 DAYS ECKHART = d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? papers hin 72 filled WESTERN MARYLAND STATE HOSP. YES NO TY NAME OF Middle First Last DATE Year Day campletely ove carbar DECEASED 0F Chester DEATH 1967 (Type or print) SEX 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last buthagy) Days Manths Hours MALE WHITE march 10, WIDOWED and in any and 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) CONSTRUCTION WO LONACONING 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME transit permit Then pl crematian, or removal, JAMES BLUBAUGH ELEANOR THR ASHER attending permit The WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war ar dates at service MRS. CHESTER BLUBAUGH ECKHART INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit p PART I, DEATH WAS CAUSED BY: ONSEL AND DEATH carcinomatosis IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gave nse ta immediate cause (a). DUE TO as the prior to b stating the underlying cause peen ATTENDING PHYSICIAN: The law last. 19 WAS AUTOPS)
PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Health p CERTIFICATION YES THE NO certificate 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour 'a.m. While factory, street, affice bldg., etc.) Nat While at work After at wark 21. I certify that (1) (this hase tell) attended the deceased from March 27, 1967, to Caril 13 . 19.**67**, that (I) (acc) las saw the deceased alive an_ ril 15, 19 67, and that death accurred at 245 M, from causes and on the date stated above TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE 8 director, page 3 shauld be filed v PHYS 22d ADDRESS ZUESTERN md. 22c. PHYS CIAN'S O HOSPITAL NAME (Type) Hagerstown, maryland 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF BUR AL, CREMATION, 23d LOCATION (City or Town) (Stote) **ECKHART** REGISTRAR 25b REGISTRAR'S SIGNATURE SOWERS.60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05829 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) o. COUNTY o. STATE b COUNTY ely filled in by the function papers. Pages 1 c and hu MARYLAND b CITY OR TOWN (If outside comparate Belits CLENGTH OF STAY IN 16 c CITY OR IOWN (If outside corporate limits, write RURAL and give nearest fown) d. NAME OF HOSPITAL_OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? T NO K NAME OF Middle DATE First Lost Year DECEASED OF DEATH 19 65 7 100 F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED AGE (In years NEVER MARRIED remove birthdoy) Months WIDOWED DIVORCED puo 10g USWAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY and 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME CARR IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) a aramount. INTERVAL BETWEEN ONSET AND DEATH 1B CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c))
PART 1 DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Carcinoma of liver, primary. DUE TO signed Conditions, if only, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse prior to last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? has NO R Arteriosclerotic cardiovascular disease with congestive failure. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) Hour a.m. Not While foctory, street, office bidg , etc.) of work ot work 21. 1 certify that (1) (this haspital) attended the deceased from 10-25-66, 19 ta__4-19-67_, 19____, that (1) (we) last 4-12/67 19 and that death accurred at 6 A. M. fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED ATTENDING MED DIRECTOR Z 4-19-67 director, page 3 should be filed v M.D. PHYS 22d ADDRESS PHYSICIANS C. Brewer, M.D. Greencastle, Pennsylvania 17225 NAME (Type) William 23d LOCATION (City of Town) 230 BUR AL CREMATION, DATE THEREO! 23c NAME OF CEMETERY OR CREMATORY 24 FUNERAL-DIRECTOR VR A15 (4) 25M 1/67



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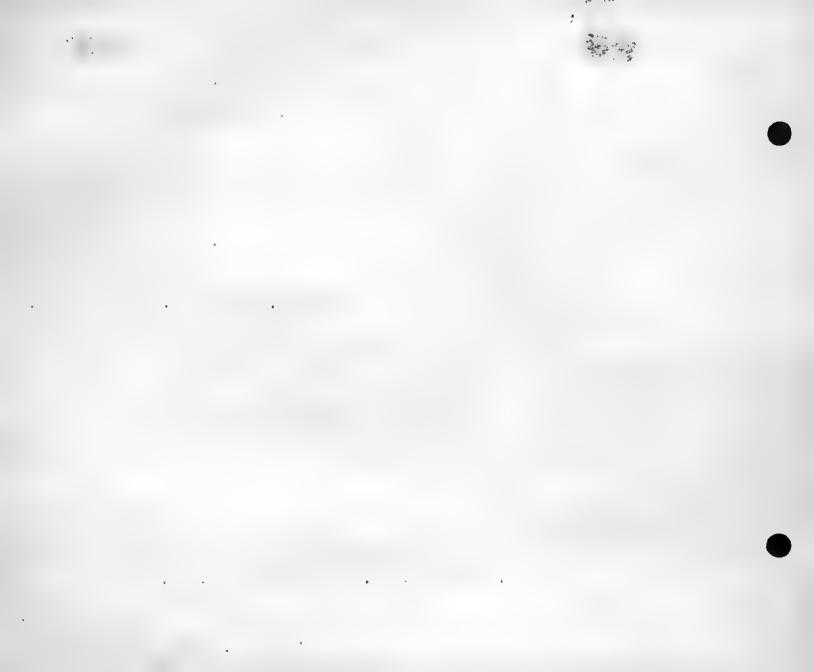
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95830 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on). I. PLACE OF DEATH COUNTY b. COUNTY Maryland Frederick Washington MARYLAND the ottending physicion and completely filled in by the fact permit. Then please remove corbon papers. Pages nation, ar remayer, and in any event, within 72 hours often c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporate intits. c LENGTH OF STAY IN 16 Hagerstown- rural Foxville Vrs. d STREET ADDRESS e IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Lantz P.O. Gateway Nursing Home NO Middle 4 DATE Doy 3 NAME OF First Year LOST DECEASED OF DEATH (Type or print) S SEX A GE 6. COLOR OR RACE B. DATE OF BIRTH (In years **NEVER MARRIED** birthday) Manths Davs Hours 1882 WIDOWED X removel, and in ony Female White DIVORCED Feb. 12 CIT ZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY Own Home Maryland ousewife 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Bush Unknown Sarah 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war or dotes of service) 4-54-6084 Karl Brown Thurmont. Md. RD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BYburiol-transit ONSET AND DEATH REHAL SIGNATOURN IMMEDIATE CAUSE (a) 1146 X DUE TO Conditions, if any, which gove Antonioum MEDIENS - wind of la rise to immediate couse (a), DUE TO stating the underlying couse Tas. Page 4 may be retained by the hospital or ottending ro FUNERAL DIRECTOR: After this certificate has been os the ARTERIOSCIENOSIS, COSH 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use detached for use to Dept. of Health 14-3-ART 52x3210 NO-F RTGAIDS CLARTIC YES F 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Not While factory, street, affice bldg., etc.) at work of work 21. I certify that (1) (this hospital) attended the deceased from 21 Hov., 1963, to 21 Hover, 1967 that (1) (we) last saw the deceased glive an 3 Hover 1961, and that death occurred at 83 M, from causes and an the date stated above. 22b. DATE SIGNED 22g. SIGNATURE MED. DIRECTOR STAFF PHYS. 21 APRIL 196 M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Bethel Church of God Cascade Fred. Co. Md. 1-23-67 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Creager Thurmont, Md DATE APR 26

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH papers. Pages 1 and 2 hin 72 haurs after death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. o. COUNTY o. STATE b. COUNTY Washington Penna. Fulton MARYLAND b. CITY OR TOWN (If outside corporate mits. C LENGTH OF STAY IN 16 c EITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give neorest town)
Hagerstown Ft. Littleton 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Ξ. d STREET ADDRESS IS RESIDENC ON A FARM? filled Washington County Hospital YES NO NAME OF First Inst 4. DATE Dov Year DECEASED OF Nellie Melissa Brown April 29, 19 67 (Type or print) DEATH The law requires that the death certificate be executed 9. AGE (n years S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED remove last birthdoy) 3-30-04 Dovs Hours and in any fmela white WIDOWED DIVORCED and 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Bedford Co., Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, Ambrose Brown Clara Brown 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Edward O. Brown, Ft. Littleton, Pa. none no crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) signed by the burial-transit ONSET AND DEATH PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Horomberis as lit dis DUE TO burial. BIA. S. Cardiovascular d. with cardiac Conditions, if ony, which gove nse to immediate cause (o), DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending as the has been 10445. last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? detached far use te Dept. of Health mellitus NO X 20o ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF IN JRY (Home, form, (Crty or fown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING ot work of work 19 6 7, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 1967 to 4 saw the deceased alive on. 19 6 7, and that death accurred at 6:25 AM, from causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR director, page 3 shauld be lited v M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL Omar Sprecher, Hagerstown, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) 5-1-67 Clear Ridge Cemetery Dublin Township, Penna. 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Funeral Home, Hagerstown, Md. VR A15 (4) 25M 1/67 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05830 FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finst tution, Residence before admission) o. COUNTY o STATE b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON b CITY OR TOWN (foutside corporate im ts C LENGTH OF STAY IN ID c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 69 NOTTINGHAM ROAD 69 NOTTINGHAM ROAD 18 NO X e, writing the word "pending" in pencil in Item 18. Give Page forwarded to the Chief Med col Examiner's Office olong with 3 NAME OF Middle 4 DATE First Lost Year DECEASED ARTHUR CLEVELAND CAUFFMAN DEATH AGE (In years TE UNDER 24 HRS S. SEX 6 COLOR OR RACE 8 DATE OF BRITE NEVER MARRIED 7 MARRIED lost birthdoy) Months within 72 hours ofter death. WIDOWED DIVORCED MARCH 21, 1920 MALE WHITE 10a, USUAL OCCUPATION (Give kind of work done 11 BiRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY U.S.A HAGERSTOWN. MARYLAND. CUSTODTAN PUBLIC SCHOOL 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ARTHUR C. CAUFFMAN. JINNIE E. NAUGLE 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 65"NOTTINGHAM RD. (Yes, no or unknown) (If yes give wor or dates of service) 213-18-9211 MRS. MADELINE CAUFFMAN HAGERSTOWN MD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY. ONSET AND DEATH event IMMEDIATE CAUSE (a) Thrombotic Occlusion Of Circumflex Branch Of hours Left Coronary Artery, Fresh in any Conditions, if ony, which gove Atherosclerosis Of Aorta And Coronary Arteries. rise to immediate couse (a) Moderate stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removol, YES -K NO hould be 20g EXTERNA, CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of many in Port I or Port II of item 18) 3 should PRIMARY I or CONTRIBUTING I **CAUSE OF DEATH** 20f (City or fown) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (County) (Stote) 20c. TIME OF JULIEY Month, Day, Year foctory, street, office bldg., etc.) Not While of work at work 21. I certify that I took charge of the remains described above held an Autapsy [x]. Inquiry Inspect on and in my apintan Natural causes 🔀 Accident 🗍 Suicide 📗 Homicide Undetermined manner deoth resulted fram-CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE prior FUNERAL 215 W. WASHINGTON ST. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city town, or county) HAGERSTOWN. MD. 5 may O FUNEI Heo!th DR. E. W. DITTO NAME (Type) JR, M.D. 23. NAME OF EMETERY OR CREMATORY 23h DATE THEREOF 23d LOT AT ON (City or Town) (County) 230 B RIA (REMATION HAVEN CEMETERY. HAGERSTOWN. 24 EUNERAL D RECTOR VR A 15ME (1) 6M 1/67 CHARLES M. ROUZER, HAGERSTOWN, MARYLAND.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05833 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY WASHINGTON MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give negres! town) Sand in any event, within 72 hours DAYS RURAL d STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON HANCOCK MD. COUNTY HOSPUTAL NO IX 3. NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED 0F GEORGE LLEWELLYN (Type or print) CORBETT DEATH 9. AGE (In years IF JNDER 1 YEAR JE UNDER 24 HRS S. SEX 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthdoy) WIDOWED DIVORCED 11.12.1900 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? CURWENSVILLE PENNA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ANNA E WILSON GEORGE CORBETT 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no prunknown) (If yes give wor or dotes of service) 217.05.2267 RURAL 1 HANCOCK MD LUETTA INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) ONSE! AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Fort 1 or Port 11 of item 18) 20° ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) 20c. TIME OF IN JRY Month, Day, Year Hour om foctory, street, office bldg., etc.) Not While ot work 1961, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from, M, fram causes and an the date stated above. and that death accurred at TO FUNERAL DIRECTOR: saw the deceased alive on. 220 SIGNATURE 22b. DATE SIGNED STAFF director, page 3 should be filed v DIRECTOR PHYS ADDRESS 22c PHYSICIAN S NAME (Type) Stauffer. 145 S. Prospect Street M.D. John. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF 23o BURIAL, CREMATION, (County)

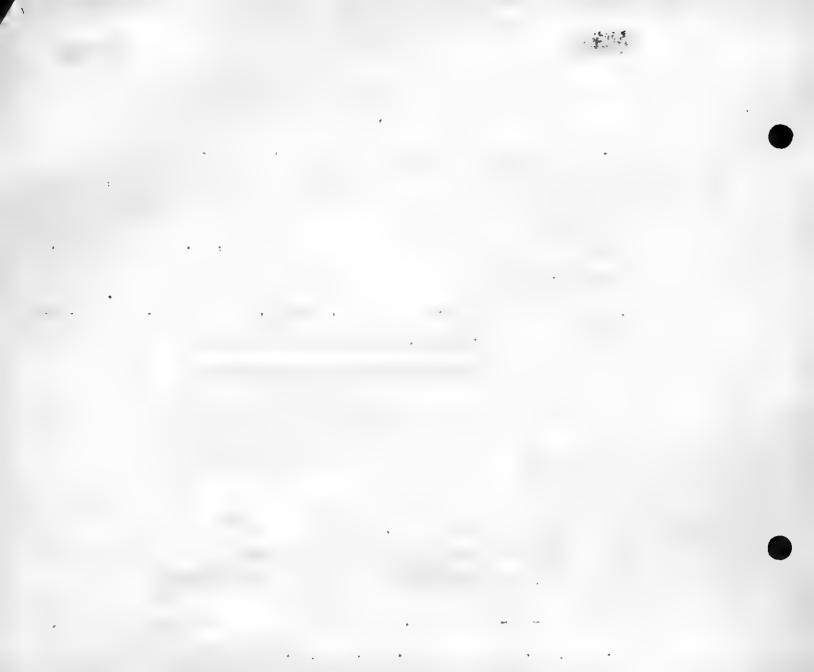


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05834 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY Washington Md. Wash. MARYLAND requires that the death certificate be executed within 24 hours aft b (ITY OR TOWN (If outside corporate limits.) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag. thin 72 hours a write RURAL and give nearest town) 30 years Hagerstown Hagerstown d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 436 Cook St. Washington County Hospital NO YES NAME OF First Middle 4. DATE Lost Mon≢h Year DECEASED (Type or pnnt) MARY OF April 8. MAGDALENE DAGENHART 67 DEATH and in any every S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 6 lest birthday) Manths female Dec. 23. white separatied 191 WIDOWED 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) attending physician permit. Then please INDUSTRY COUNTRY? laundry Charlestown, W.Va. comm. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi buriat-transit permit. Then pl burial, cremation, or remaval, Jasper Barron Anna Gouche IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 219-05-2505 Mrs. Susie Fletcher, Hag., 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN HTASQ DNA TERMO, IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse hos been last. 19 WAS AUTOPSY PERFORMED? PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Hardth YES NO certificate 200 ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20r. TIME OF INJURY Month, Doy, Year Hour a.m. (('y or fown) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (County) (Stote) O FUNERAL DIRECTOR: After this Not While foctory, street, office bldg., etc.) of work ot work 21 I certify that (1) (this hospital) oftended the deceased from 3 196 7. to 1 be retained saw the deceased alive an April & 19 6 7, and that death accurred at 12:05 M. from causes and an the date stated above 22o. SIGNATURE M D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BYOYALISPETY) 4-11-67 Charlestown, W.Va. Edge Hill Cemetery 24. FUNERAL DIRECTOR 2SO REC D BY REGISTRAR Minnich Funeral Home, Hagerstown, Md. APR VR A15 (4) 25M 1/67

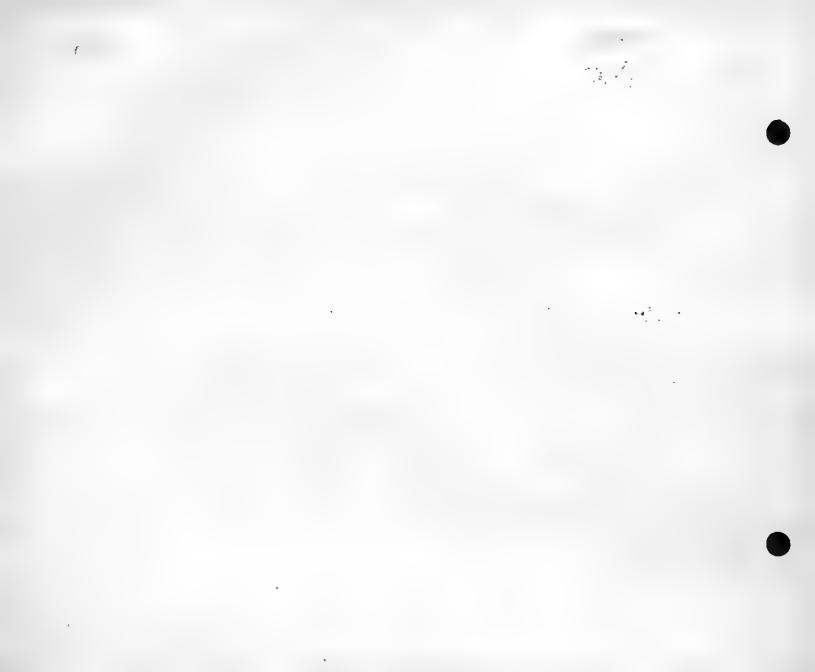


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05835 115888 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Md. van papers. Pages 1 within 72 haurs after MARYLAND Wash. by m. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)
Hagerstown CLENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) years Hagerstown d STREET ADDRESS IS RESIDENCE ON A FARM? ⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled Washington County Hospital 130 E. Franklin St. YES] NO [NAME OF First Middle DATE Lost Dov Year DECEASED OF ROBERT DAVIS, Sr LESLIE April 16, 19 67 (Type or pnnt) DEATH IF UNDER 24 HRS AGE (In years IF JINDER S. SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Months Dovs Hours separat Apr. 10, 1926 male white and 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) machine operat INDUSTRY COUNTRY? Funkstown. Md. cement mfg. operator 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal, Charles R. Davis Aletta Corwell 16 SOCIAL SECURITY NO. 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 20 20-18-1806 Mrs. Betty Jane Davis, Hag., y es crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY erfurated IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse the the haspital ar attending 0.5 PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS' PERFORMED? of Health NO YES this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (C'ty or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour am foctory, street, office bldg., etc.) Not While of work of work 19 () that (1) (we) las 21. I certify that (1) (this hospital) attended the deceased fram. be retained 7 30 M. fram causes and on the date stated above and that death accurred of DIRECTOR: saw the deceased alive an L 22o SIGNATURA DIRECTOR PHYS M.D. 22 PHYSIC AN'S NAME (Type) ADDRESS O FUNERAL NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION Rose Hill Cemetery 4-18-67 Hagerstown. Md. BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Minnich Funeral Home, Hagerstown, Md.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05837 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institution o. COUNTY **G** STATE b. COUNTY WASHINGTON ve carbon popers. Pages 1 event, within 72 hours after **MARYLAND** WASHIN, FON requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) HAGERSTOWN HAGERSTOWN 75 YEARS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM: 438 SUMMIT AVALON MANOR NO T NAME OF First Middle 4 DATE ease remove earbon Year DECEASED ELIZABETH MAY DOWNIN (Type or print) DEATH SEX IF UNDER 1 YEAR IF JINDER 24 HRS 6. COLOR OR RACE B DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours FEMALE WHITE DIVORCED MAY 14. 1870 and in any WIDOWED pillo 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? HOME FRANKLIN CO. PENNSYLVANI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removol. JOHN F. FRITZ CATHERINE ERISMAN 16 SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 438 SUMMIT AVENUE, (Yes, no or unknown) (If yes give war ar dates of service 20-44-8091 MRS. HERMAN ZAISER CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p bur al, crematic PART I DEATH WAS CAUSED BY QNSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or ottending physicion. DUE TO Arteriosclarosis -8 cn oral 12 Ll Conditions, if onv. which cave ase to immed ate cause (a), DUE TO stoting the underlying couse be detached for use as the State Dept. of Health priar to last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO. 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, form, (City or fown) 20d INJURY OCCURRED (County) (Stote) Not White Hour o.m. factory, street, office bldg , etc.) OR ATTENDING of work FUNERAL DIRECTOR: After e deceased fram APril v , 1960, ta Mey 14 , 1967, that (1) (yy) last 1967, and that death accurred at 4132. M, fram causes and an the date stated above. 21. I certify that (1) (this xous (1 director, poge 3 should should be filed with the saw the deceased alive on Mat 22b. DATE SIGNED 220 SIGNATURE 4/15/67 M.D DIRECTOR PHYS 22d ADDRESS 22c. PHYSIC AN'S O HOSPITAL NAME (Type) LLOYD HOFFMAN. M.D. 214 N. POTOMAC ST. HAGERSTOWN, MD 23b DATE THEREOF 23c. NAME OF CEMETERY OR (REMATOR) 230 BURIAL, CREMATION 23d EDCATION (City or Town) (County) (Stote) 4/17/67 ROSE HILL CEMETERY HAGERSTOWN 24. FUNERAL DIRECTOR ADDRESS REC'D_BY REGISTRAR 2Sb CHARLES M. ROUZER HAGERSTOWN MARYLANT



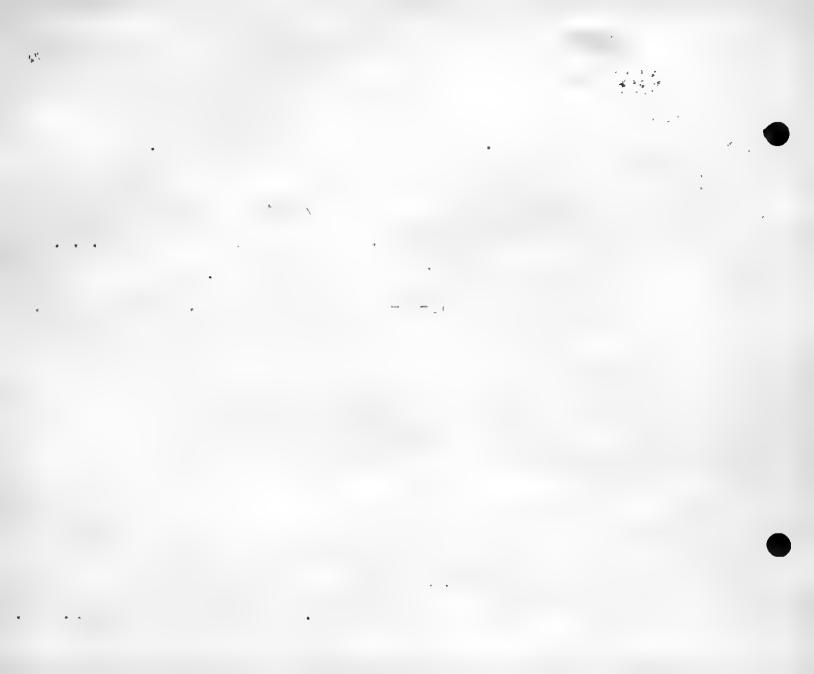
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 & 9 & DEATH 05838 CERTIFICATE OF 05836 The law requires that the death certificate be executed within 24 haurs after death. funeral and, I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) deat o. COUNTY o. STATE b. COUNTY mpletely filled in by the func e carbon papers. Pages 1 a event, within 72 hours after d WASHINGTON MARYLAND WASHINGTON b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURA, and give nearest town) HAGERSTOWN MOS HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? GARLOCK CONVALESCENT HOME 113 WINTER STREET YES NO IX NAME OF First Middle Lost 4. DATE Month Doy Year campletely DECEASED OF THOMAS WESLEY **DOWNS** APRIL 19 67 DEATH (Type or pant) IF UNDER 1 YEAR AGE (In years IF JNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTHY ROT remave birthdoy) Months Days Hours WIDOWED DIVORCED and in any MALE WHITE 22 /1/8/90 6 yrs. and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician a U.S.CTVII. COUNTRY? RETIRED LOCKMAN FRISTO® MISSOURI ILS.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal. MILLIAM attending p RACHET RURTON 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 113 WINTER STREET (Yes, no, or unknown) (If yes give wor or dotes of service HAGERSTOWN MARYLAND BURGER burial, cremation, NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by Conditions, if ony, which gove DUE TO rise to immediate cause (a), DUE TO stoting the underlying couse Health prior to ‡ lost OS WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO OR ATTENDING PHYSICIAN: è 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, ((ity or town) (County) (Stote) MED Hour To.m. Not While foctory, street, office bldg, etc.) 19 of work ot work 1966 1967, that (I) (vice) last 21. I certify that (1) (Wilk Koskiral) attended the deceased fram. page 3 shauld ! saw the deceased alive an 50 Grac 1967, and that death accurred at M. fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED Ŋ PHYS M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) WILSON 580 NORTHERN AVE HAGERSTOWN MARYLAND 23b. DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) BURLAL (Specify) 4/24/67 CEDAR LAWN MEMORIAL PARK WASHINGTON HAGERSTOWN 24 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 CHARLES M ROUZER HAGERSTOWN MARYLAND



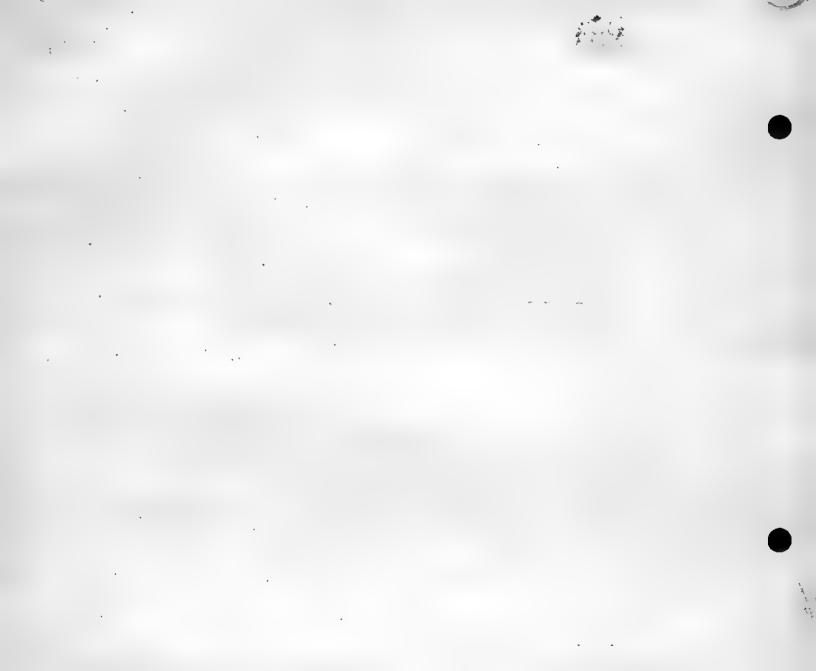


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05840 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY WASHINGTON a. STATE MARYLAND WASHINGTON MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, THA CHERNE THE THEFT I dwn) LIFE HAGERSTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? 616 FREDERICK ST. 616 FREDERICK ST. NO X YES 4 DATE NAME OF First Middle Manth Day Yeor OECEASEO THE OD ORE **JAMES** EARLEY APRIL 67 10 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SFX B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIEO NEVER MARRIED remove log birthoay) Months Days Haurs 4/27/1942 MA LE WHITTE WIDOWED DIVORCED cremotian, or removol, and in ony 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done ROUPTING CO. USA A MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME THEODORE HAROLD EARLEY VIRGINIA E. STRAIT Address HAGERSTOWN INFORMANT IS WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, ne-grunknawn) (If yes give war ar dates of service) 213-40-4265 EARLEY THEODORE MD. INTERVAL BETWEEN IB. CAUSE OF CEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-tronsit public burial, cremotic HEMORAHAGIC PANCARATI PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse os the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO ficote l far us 20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur am. factory, street, affice bldg., etc.) Not While of wark at wark 1967 to 3/3/ 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 1967, and that death accurred at 235 AM, fram causes and an the date stated above. saw the deceased alive an ___ ?-3/ DATE LIGNED 22a SIGNATURE ATTENDING DIRECTOR PHYS director, page 3 should be filed v M.O. PHYS 22d ADDRESS 22c PHYSICIAN S 119 E. ANTIETAM STREET A.M. MANDELL, M.D. NAME (Type) WASH. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City ar Tawn) (State) BURIAL (REMATION, REMOVAL (Specific) DATE THEREOF HAGERSTOWN ROSE HILL CEM. 0 25b REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR ADDRESS VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05841 CERTIFICATE OF DEATH deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Wash. vithin 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Hagerstown years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RES DENC ON A FARM? 8 Brener Ave. 8 Brener Ave. YES I NO [NAME OF First Middle lost 4 DATE Month Doy Year DECEASED RUBY FEIGLEY FLORENCE April and in any event, (Type or print) DEATH PHYSICIAN: The law requires that the death certificate be executed 9 AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF LINDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS (ast birthdoy) Months white 5-29-1904 female WIDOWED DIVORCED gua 10c USUAL OCCUPATION (Give kind of work done during most of working life, even if tettred) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Middletown. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, George Alexander Sadie Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) none James Feigley, Hagerstown, Md. 1B. CAUSE OF DEATH (Enter only one cause par line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES NO certificote 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Part || of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) Not While ot work of work 21. I certify that (I) (this haspital) attended the dereased fram. director, page 3 should should be filed with the 1967, and that death occurred at/2/0/M, from causes and on the date stated above. saw the deceased alive on 226 DAJE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR 22d ADDRESS O HOSPITAL NAME(Type) Donald E. Martin, M.D. 418 N. Potomac St., Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) RINGY HEREIT 4-27-67 Cedar Lawn Mem. Park Hagerstown, Md. 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR Minnich Funeral Home, Hagerstown, Md. VR A15 (4) Munil



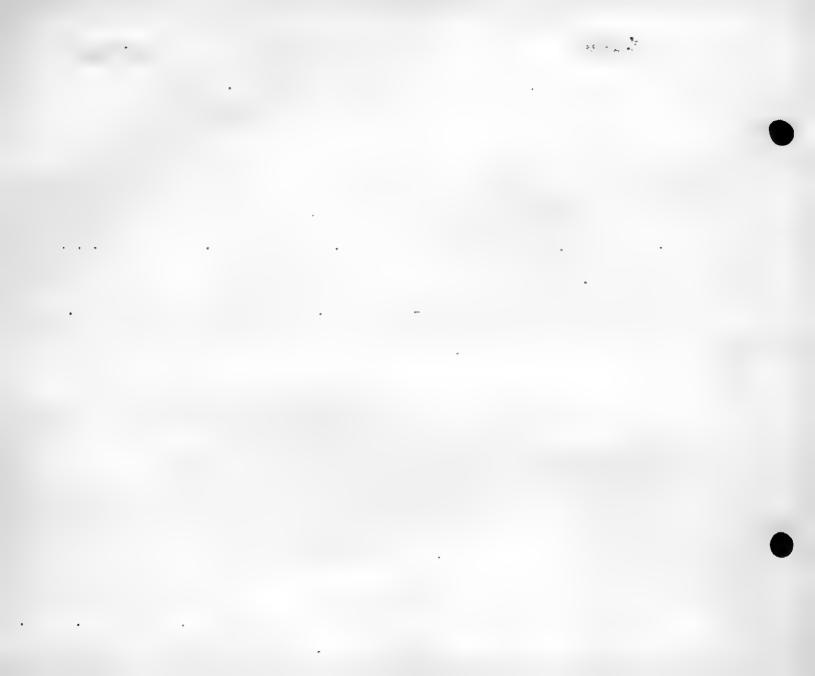




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212015842 05844 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission) PLACE OF DEATH completely filled in by the fund Love carbon papers. Pages I a o. COUNTY a. STATE b. COUNTY Washington Maryland MARYLAND b. CITY OR TOWN (If outside corporate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give peorest town Hagerstown 28 urs Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 157 South Prospect St. 157 South Prospect St NO 🔀 3. NAME OF DECEASED Donald Lee Ford April (Type or print) DEATH 19 67 S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthdoy) Hours White Dec. 6.1911 Male WIDOWED DIVORCED 10b KIND OF BUSINESS OR 13 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done Hircraft during most of working life, even if retired) Gaithersburg, Md. 13. FATHER S NAME crematian, ar removal, Martin Lee Ford Murtle Irene Gannon Address Hagerstown, Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT O FUNERAL DIRECTOR: After this certificate has been signed by the attendir director, page 3 shauld be detached far use as the burial-transit permit. 220-09-7299 Mrs. Mary R. Ford 157 S. Prospect St. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending should be detached for use as the with the State Dept. of Health prior to lost. PART II OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? ΝĐ YES 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part (or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this hospital) attended the deceased from 12-16, 1966, to 4-22, 1967, that (1) (we) last saw the deceased alive on 4-419 62, and that death occurred at Joseph, from causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 should be filed v M.D. 22d ADDRESS 22c PHYSICIAN'S A.M. Mandell M.D. NAME (Type) 119 E. Antietam St. Hagerstown, Md 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (Stote) 230 BURIAL CREMATION. (County) REMOVAL (Specify) Rest Haven Cemetery
ADDRESS 25 Md Haaerstown Washington PR 2 5 19 25b REGISTRAR S SIGNAL RE 24. FUNERAL DIRECTOR Charles VR A15 (4) Rest Haven Juneral Chapel Hagerstown, Md. 20 M 1/6



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05845 CERTIFICATE OF DEATH the attending physicion and completely filled in by the funeral sit permit. Then please remove corbon papers. Pages 1 and 2 notion, or removol, and in any event, within 72 hours after genth. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admisa. COUNTY b. COUNTY Franklin MARYLAND Washington b. CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Rural Waynesboro 6 weeks Hagerstown 6 week
d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 223900A TREST b YES NO JK Washington_County Middle 3 NAME OF First Last 4. DATE Month DECEASED April 11, 19 67 John Leir Gates DEATH event. (Type or print) IF UNDER TYEAR THE UNDER 24 HRS S SEX 9. AGE (in years 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Sept. 23. 1895 White Male WIDOWED DIVORCED 10o LISUA, OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of work no life, even if retired)
Retired, Asst. Foreman Landis Machine Co. Waynesboro Pa., #1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mollie Heefner John D. Gates IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ng, ar unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendir burial-transit permit. Mrs. Harry Manges Quincy Penna. 173-03-391hA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Adepogramed INTERVAL BETWEEN ONSET AND DEATH Adenocarcinoma of the sigmoid bowel with IMMEDIATE CAUSE (a) metastasis to liver, lung and brain. DITE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been adjustrator, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to be stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO KK 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg., etc.) **Not While** at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 3-3-67 10 4-11-6/ _____, 19_____, that (I) (we) last saw the deceased alive an 4-11-67 19 and that death accurred at 11:40m, fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. M.D. 4-11-67 PHYS 132 N. Potomac St., Hagerstown, Md. 2174 PHYSICIAN'S A. F. Abdullah. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23a BURIAL CREMATION REMOVAL (Specify) Pa. Quincy, Franklin Co., Quincy 2So REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) Waynesboro Pa. 20 M 1/66



VR A15 (4) 20M 1/65

Minnich Funeral Home. Smithsburg. Md.

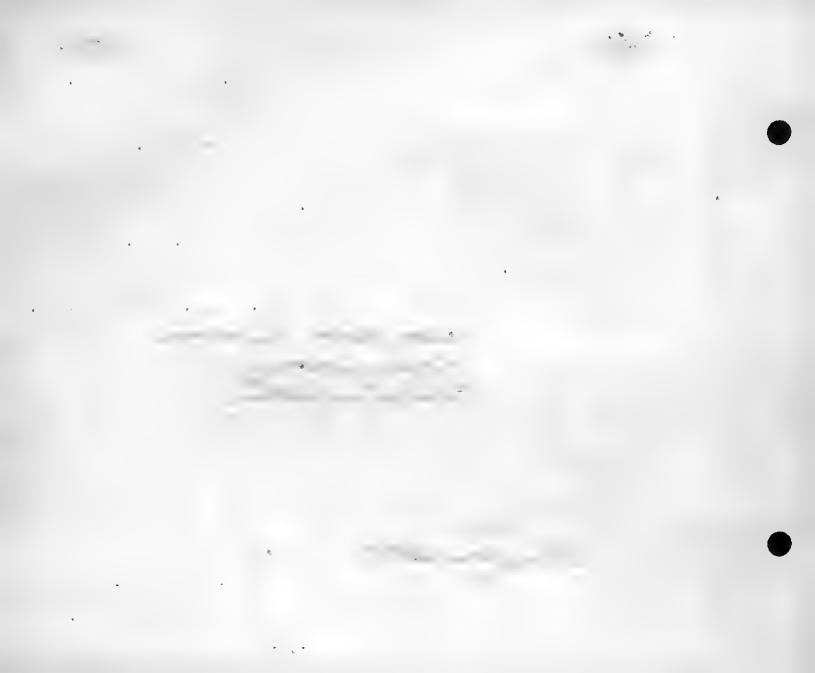


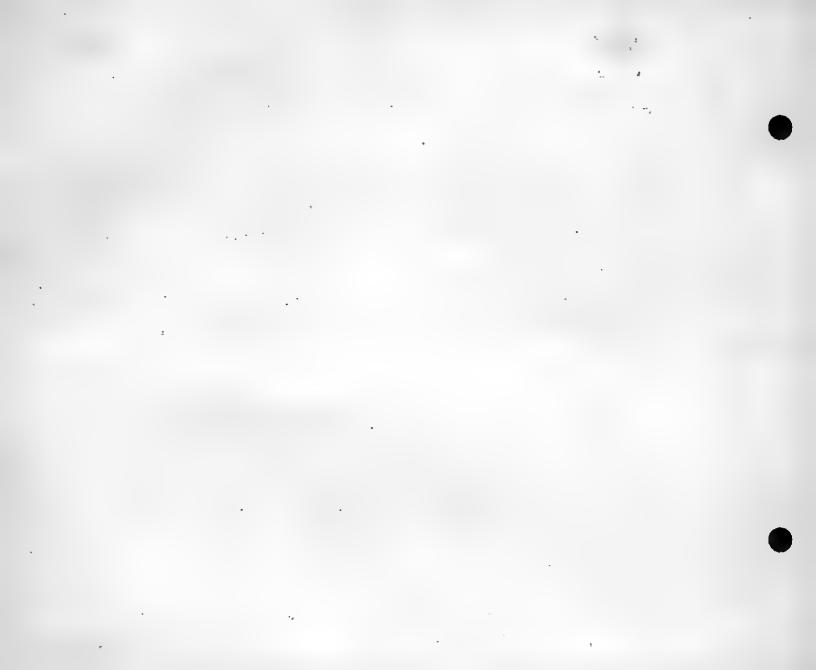
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY				
- 4	05848	CERTIFI	CATE OF DE	ATH	058/
1. PLF	CCE OF DEATH	` /	2. USUAL RES	SIDENCE (Where decaes	ad lived, If institutions Resid
h (: • Washiya ITY OR TOWN (if outside corporate #)	g for MARYLI	AND	Kehna.	tra
D. C	write RURAL and give nearest towns	Mits, c. LENGTH OF STAY		OWN (If outside corporate	I limits, write KUKAL and giv
d. 1	NAME OF HOSPITAL OR INSTITUTION	(il not in hospital, give street eddres		DRESS	THE /
	Washington a	8. Hospital	, 6	200 Town	a Drive
DE	ME OF CEASED	Middle	Last	4. DATE OF	Month De
(Tyl	pa or print)	obert W.	Gingtic.	DEATH	April 16
5. SEX	6. COLOR OR RAC	THE MARKET		9. AC	t birthday) Honths Days
100 11	SUAL OCCUPATION (Giva kind of wo	WIDOWED DIVORCED	- IVVKMCC	(County & State, or lorer	62Ym.
done o	luring most of working life, avan il reti	ired) DII. Cal	1. 1	county a sine, of folia	6.
13. FA	THER'S NAME	1 Tublic achor	14. MOTHER'S M	AIDEN NAME	naa C
	Samuel	Gratich	Ne	ttio DI	ch!
	AS DECEASED EVER IN U.S. ARMED FO		. 17. INFORMANT	0 1	Address
	NO	104-18-9113	Mr. Marc	the my for	quel Jose
1B.	PART I, DEATH WAS CAUSED BY:	ne cause per lina for (a), (b), and (c),	· fair	10.00	
	IMMEDIATE CAUSE (a		e nems of	piene_	
	DUE TO anditions, il eny, which ?	(D) Anseles	mentho	ency	
ga	ve rise to immadiate cause	(b) Of 51 100 19	- 10	/	
	, stating the underlying	(c)			
- N		DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(6)
F IS	mueuzu o	cerases - 1	ortoleral o	a spring	miles
CERTIFICATION	B. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER	20b. DESCRIBE HOW INJURY OF	CCURRED, (Enter nature of i	njury in Part I or Part II of	Itam 18.)
- 1	e. TIME OF INJURY Month, Day, Y	1	Do. PLACE OF INJURY (Ho	na, larm, 20f. (City or I	lown) (County)
MEDICAL	Hour a.m.	While Not While at work at work	factory, streat, office blo	dg., atc.)	
	I certify that (I) (this hosp	pitel) attended the deceased	from march	10 1967 10 0	pril 16, 1967
sa	w the deceased alive on.	pul 16 1967, enc	d that death occurred	at 3.P.M. from the	causes and on the c
22	S SIGNATURE	(la grad by	ATTENDING_		STAFF _ (
22	c. PHYSICIAN'S	o Wing in P	M.D. PHYS. [HYS
122	NAME (Typa) JUJEP	It C. CRIS	8 508	northern	- Hogerat
	URIAL, CREMATION, 236. DATE TH	TEREOF 236. NAME OF CEN	METERY OR CREMATORY	23d. JOCATIO	N (City, town or county)
REA	OVAL (Specify) 4/19/	1967 Cedar K	Hill Cometer	4 Strance	with Franks
24 FUI	NERAL DIRECTOR'S SIGNATURE	ADDRESS	w w		256. REGISTRAR'S SIGN
1	tradel be all	under the	a- scalle to	ATEAPR 2 0 19	BT Justices



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05849 05347 CERTIFICATE OF DEATH sty filled in by the funeral pan papers. Pages I and 2 within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE Washington MARYLAND Marvland PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside carparate mits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside carparate limits, write RJRAL and give nearest town) CLENGTH OF STAY IN 16 Hagerstown Week Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Washington County Hospital 937 Main Ave YES NO 5 3 NAME OF Middle DATE First Last Month Day Year DECEASED (Type or print) OF MYRTLE MOWEN-GOSSARD April 1967 18 DEATH IF UNDER 24 HRS AGE (n years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Hours Sept. Female White WIDOWED 3 TS DIVORCED 10a USUA. OCCUPATION (Give kind af warkdane during most of working life, even if refused)
Photostat Uperator 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Pa 12 CITIZEN OF WHAT COUNTRY INDUSTRY Mercersburg Franklin 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaya John Kimple Alice Carmack 35 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war ar dates of service) C. Nelson Mowen 937 Main Ave 2-24-6138 No Hagerst own Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN sugnad by the burnal-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. 260X DUE TO Conditions, if any, which gave nse ta immediate couse (o), DUE TO stating the underlying cause as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? NO X this certificate 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, office bldg., etc.) Not While at work at wark . 1967, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from 12-5, 1966, to 4-18 1967, and that death occurred at 2:20/M, from causes and an the date stated above saw the deceased olive an 4/-22a, SIGNATURE 22b. DATE SIGNED DIRECTOR 4/19/67 PHYS 22d. ADDRESS 22c. PHYSTCTAN'S A.M. MANDELL, M.D. NAME (Type) 119 E. ANTIETAM ST. HAGERSTOWN, MD 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION, 23b DATE THEREOF ((county) REMOVAL (Specify) Mercersburg Franklin o Pa /67 Fairview Cemetery C Hagerstown K. Coliman r'Md address r'uneral 250 REC D BY REGISTRAR REGISTRAP S SIGNATURE Home Inc VR A15 (4)



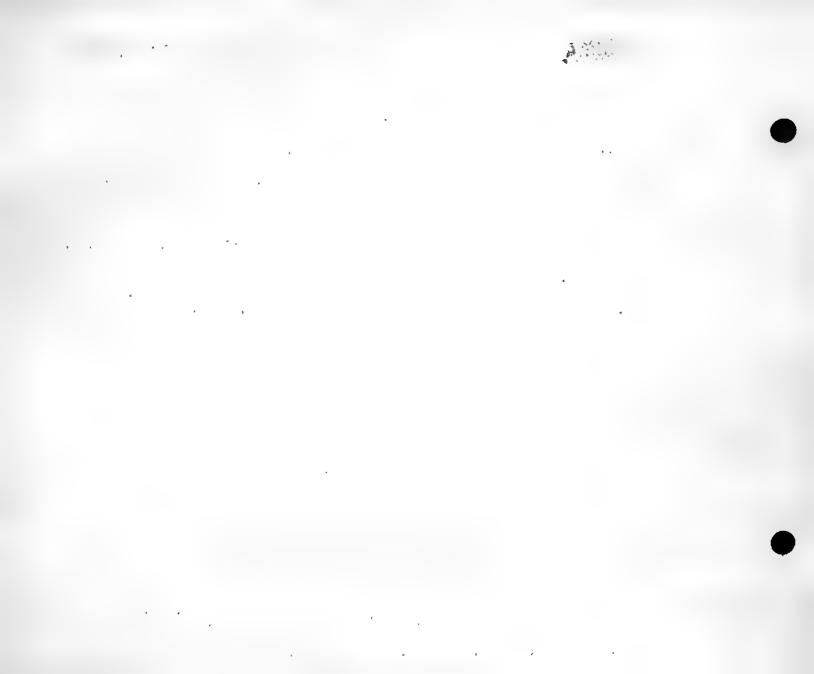




Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05852 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution. Residence before admission) o COUNTY Washington o STATE arvland b COUNTY Irederick D PM3. Page of of after death. b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If routs de corporate limits, write RURAL and give nearest town) and Brunswick d NAME OF TO SRIPS OR MY TI JTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE haurs Item 18. Give Pages 1, ON A FARM 210 Seventh Avenue Private Property NO P with The Sto With n 72 1 3 NAME OF First 4 DATE Lost DECEASED THOMAS GEORGE HARWOOD (Type or print) DEATH S SEX 6 COLOR OR RACE 9. AGE (In years 7 MARRIED 8 DATE OF BIRTH F UNDER 1 YEAR NEVER MARRIED 5 (Ast birthdoy) 3/15/09 Months Male White event 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) DO USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT drawhine sperator Constitution Co. Martinsburg West Va. A CORNILAS pages l in any = pencil 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Lee Curtis Harwood Nellie Newkirk File 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO te certificate, writing the ward "pending" i shauld be farwarded ta the Chief Medical permit. (Yes po arunknown) (If resume war or dotes of service remayal, 722-18-5722 Bessie Harwood Brunswick, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH ď IMMEDIATE CAUSE (a) Crushed Chest writing the word crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPS' PART II OTHER SIGNIF (ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO PE 200 EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING designated agent, prior 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port I, of item 18) 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH. Pinned beneath over turned grader. 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or Town) 20c TIME OF INJURY Month, Doy, Year (County) Whee of work 50 Not While foctory, street, office bldg, etc.) FUNERAL DIRECTOR: Page of work Private Property Gapland, Washington, Md. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection (3d), Inquiry (1), and in my opinion Natural causes Accident X Suicide . death resulted fram-Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER TO FUNERAL HEATH OF ITS O **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 4-28-67 the funeral O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Hagerstown, Md. Ditto. NAME (Type) 23o. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Buria Mt. Olivet Cemetery Frederick Maryland 24. FUNERAL DIRECTOR brun preck. Ma. VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05853 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o co. Washington o STATE **b** COUNTY MARYLAND Maryland Washington after death defay Department c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 Rural Reedysville Irs. Rural Keedysville d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (finot in hospital aive street address) e IS RESIDENCE ON A FARM? hqurs Rfd. 1 State Rfd. 1 YES NO X hours after death. 3. NAME OF 4. DATE Doy First Midd e Lost Month DECEASED OF the April 8, 19 67 William Hawbaker, Sr. John (Type or print) DEATH within IF UNDER 1 YEAR F UNDER 24 HRS S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** birthdoy) Hours June 26,1907 Male White WIDOWED DIVORCED K event 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life leven if retired) INDUSTRY COUNTRY? any Carpenter Construction Indian Springs, Md. U. S. A. pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within ⊆ William A. Hawbaker Ida R. Forsythe gud జ IS WAS DECEASED EVER NUS ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO Adalpas ar remayal. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Mildred M. Ward, Box 172, Keedysville, Unknown No. 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c). **burial-transit** ONSET AND DEAT. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ward This certificate shauld crematian, DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse lost. PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? please execute the certificate, NO Z YES 10 þe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port | or Port II of stem 18.) agent, priar shauld PRIMARY Pror CONTRIBUTING CAUSE OF DEATH Then I Tom 20c. TIME OF th, JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or fown) foctory street, office bldg , etc) may be retained for your FUNERAL DIRECTOR: Page of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection / and in my opinion the funeral director. death resulted from. Natural causes Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED Health ar its ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 230 BJRIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Masn Co Id (County) (Stote) 0 BEMOXAL (Specify) 4- 10- 67 St. Paul's Cometery St. Pauls. Wostern Pike 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 250 RECD BY REG STRAR VR A15ME (S) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05854 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution Res dence before odmission) o STATE Marvland b COUNTY Washington PLACE OF DEATH o. COUNTY o STATE Maryland Washin, ton MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and gave nearest town) Hagerstown, Maryland Davs d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital 1232 Ravenwood Heights NO X ag ban NAME OF Middle 4. DATE Year DECEASED OF DEATH Heatwole Robert April Earl 67 (Type or print) SEX 6 COLOR OR RACE 9. AGE (In years 7 MARRIED 8. DATE OF BIRTH NEVER MARRIED bst birthdoy) Months Hours Male White June 13. 1911 DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT mployed Wash Hagerstown. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Robert meatwole Sr Mary Rogers IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 15234 (Yes no, orunknown) (If yes given war as dates of service arion G. Reatwole Pittsburg 0-09-7615 FIG INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b: DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Doy, Year Hour a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (C by or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work of work 21. 1 certify that (1) (this haspital) attended the deceased from 1911 24, 19 45, to 10 , 194 /, that (1) (we) lost and the death occurred at FIM, from causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive on. 220 SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. ADDRESS 22c. PHYS CIAN'S 22d NAME (Type) Edson B. 145 So Prospect St Hagerstown Md M. D. .. Moods 23d. LOCATION (City or Town) Walsimty) Cor (Stote) 23c NAME OF CEMETERY OR CREMATORY 23o. 8UR-AL CREMATION. DATE THEREOF Rest Haven Cemetery Hagerstown, Maryland. Home Inc. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR K. Coffman Funeral Hagerstown, Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05855 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if nst tution Residence befare admission) o. COHNTY a. STATE b. COUNTY Washington Wash. MARYLAND b (ITY OR TOWN (if autside carparate limits, write RURA, and give nearest town)

Hagerstown c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1h days Funkstown .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCI ON A FARM? Washington County Hospital 105 E. Maple St. YES NO NAME OF Middle 4. DATE Year DECEASED (Type or print) CHARLES GUY HOFFMASTER 19 67 and camplete April DEATH SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER I YEAR 7. MARRIED NEVER MARRIED 9. AGE (In years birthday) Haurs male white 7-11-1887 AUA WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark done during most of warking life, even if retired) 1Db KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) or remaval, and in 12. CITIZEN OF WHAT physician a sen please wholesale hardware **COUNTRY?** Hagerstown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Freelinghausen Hoffmaster Virginia Mikesell 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 14-09-3987 Mrs. Louisa Hoffmaster, Funkstown, Md IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (a) Carcinoma of the liver caused by DUE TO carcinoid syndrome Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse be detached far use as the State Dept. of Health prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES X NO 2Do ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur 'a.m. factory, street, affice bida,, etc.) ot work TO HOSPITAL OR ATTENDING Page 4 may be refained by 1 O FUNERAL DIRECTOR; Affer 21. I certify that (!) (this haspital) attended the deceased fram saw the deceased alive an Arrill 8 19 07, and the AOLIT director, page 3 should should be filed with the 19 67, and that death accurred of saw the deceased alive an. M, fram causes and an the date stated above 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 148 West Washington Street 22c PHYSICIAN'S Kneisley M.D. NAME (Type) Hagerstown, Maryland 23a. BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. ±OCATION (City or Town) (State) 4-11-67 Funkstown Cemetery Funkstown, Md. 24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Minnich Funeral Home, Hagerstown, Md.



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. 1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FORSTATE		15858 Item #1d MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05856
EALTH DEPT.	IU	PLACE OF DEATH, COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) D. STATE MARYLAND 1 DRGAV
1, 2, and 3 to	1	CITY OR TOWN (1 outside corporate limits c. LENGTH OF STAY IN 1b C. CITY OR TOWN (1f-outside corporate limits, write RURAL and give nearest town) CAR PRINCE NAME OF HOSPITAL OR INST TUTION (1f not in hosp to , g ve street oddress) d STREET ADDRESS e. IS RESIDENCE
arn ages ith fai State 2,hau		Rt. #1 ON A FARM? YES NO P OF O
8. Give Ralang with the		Type or print) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 19 And 18 Just Day's Hours Man
er's Office ges land2 any event		USUA, OCC. PATION (Give kind of work done ing most of working le, even if retired) 10b KIND OF BUSINESS OR 11. SIRTUPLACE (State or foreign yountry) 12 CITIZEN OF WHAT COUNTRY SATER OF COUNTR
pencil comin le pa		FATHERS NAME 14 MOTHERS MAISEN NAME / LEWRY
		WAS DECEASED EVER IN U.S. ARMED FORCES? In social security NO If yes give war or dates of service) Was the Hether Berkeley Speines, White
ta the Chief "per ta the Chief burial-transit		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) Hypertensive Arterioscleratic Cardio Vascular DUE TO Conditions, if any, which gave itse to immediate cause (a), stoting the underlying cause lost. (b) Diabetes DUE TO (c)
e, writ farwar farwar a buria	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO YES NO
ertifice ertifice old bi s. nauld I priar	CERT	200 EXTERNAL (AUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of stem 1B.)
e the e 4 slaur fi	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a m. p m. 19 20d INJURY OCCURRED While at work 20e PLACE OF INJURY (Home, form factory, street, office bldg., etc.) 20f (City or town) (County) (State)
lease execut director. Pag stained far y DIRECTOR: Pagenated		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection , Inquiry, and in my apinion death resulted from: Natural causes , Accident, Suicide, Homicide, Undetermined manner
ry, ple eral di be ret RAL D or its		ACTUAL SIGNATURE M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 14-3-67
necessary, the funeral 5 may be r	230	NAME (Type) Dr E W Ditto Jr Address (Street, city, town, or county) H agerstown and BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERS OF CREMATORY 23d LOCATION (City or Jown) (County) (Stote)
VR A15ME (5) 6M 1/66	24	TUNEPAL DIRECTOR / HULTER-13 ERKELEY SPRINGS WIGHT BY REGISTRAR SIGNATURE JUNGE

1.5 1

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05859 CERTIFICATE OF DEATH : The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Washington MARYLAND Franklin b CITY OR TOWN (If autside carporote imits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by t in ony event, within 72 hours h days Waynesboro Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) papers. d STREET ADDRESS e IS RESIDENCE ON A FARM? 15 Enterprise Ave. Washington County Hospital YES NO DC signed by the attending physician and completely fi burial-transit permit. Then plepsel tethove carbon 3 NAME OF Middle First Last 4. DATE Year DECEASED April 67 E. Boyce James 19 (Type or print) DEATH IF UNDER I YEAR IF UNDER 24 HRS. AGE (n years S. SEX 5 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Manths Dovs Haurs Dec. 15. 1900 Male White WIDOWED DIVORCED 66 yrs 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Sales Engineer Copiah Co., Mississippi Frick Co 13 FATHER'S NAME or remova Alva E. James Nettie B. Beall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dotes of service Mrs. B. E. James Waynesboro. Penna. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: Millete IMMEDIATE CAUSE (g) be retained by the hospital or ottending physicion. DUE TO ZWECK Canditians, if any, which gave nse to immediate couse (a). r this certificate has been si detached for use as the b te Dept, of Health prior to b DUE TO stoting the underlying cause 480 VS last WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO. 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Not While foctory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After 1966, to HAV 21. I certify that (I) (this hospital) attended the deceased fram. 19<u>67</u>, that (1) (we) lost director, page 3 should should be filed with the and that deoth occurred at 9 f M, from causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S Poge 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION REMOVAL (Specify)
Burial Green Hill Waynesboro, Franklin, Penna. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Waynesboro. Penna. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 05860 Reg. Dist. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Wa shington county Franklin MARYLAND CITY (If outside corporata limits, write RURAL LENGTH OF STAY CITY (If outside corporeta limits, write RURAL and give negrest town) and give nearest town) (In this pleca) OR . TOWN leitersburg (rural) 5 days HOSPITAL OR (ff rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Brook Lane Psychiatric Center 3. NAME OF DECEASED DATE (Month) (Yeer) OF DEATH (Type or Print) Marv Kittredge 19 67 5. SEX COLOR OR 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months (Specify) Widowed 7 - 2li - 85 Γе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Own Home New York, N. Y. Houserrife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adolph (unknown) Carolyn Paulman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Mercersburg, Pa. (Yes, no, or unk.) (If Yes, give wer or dates of service) Henry A. Kittredge (Son INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cardiac standstill Minutes IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) Ateriosclerotic cardiovascular disease 5 years DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Chronic brain syndrome with psychosis DISEASE OR CONDITION CAUSING DEATH, 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? None 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH YES NO 2(c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, farm, factory, (County) (Stete OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY [Month] (Day) 21f. HOW DID INJURY OCCUR? 21e. INJURY OCCURRED While at work at work 22. I hereby certify that I attended the deceased from 3 - 30, and that death occurred at 6.36 M, from the causes and on the date stated above. alive on T-7 SIGNATURE DATE SIGNED NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, LOCATION (City, town, or county) REMOVAL (SPECIFY) Burial Main Street Cem. Dalton . Mass. REC'D BY REGISTRAR Convey Mercersburg Pa.

a attending physician detached for use as a

cate has been executed by the certificate assembly should be

TO FUNERAL DIRECTOR:

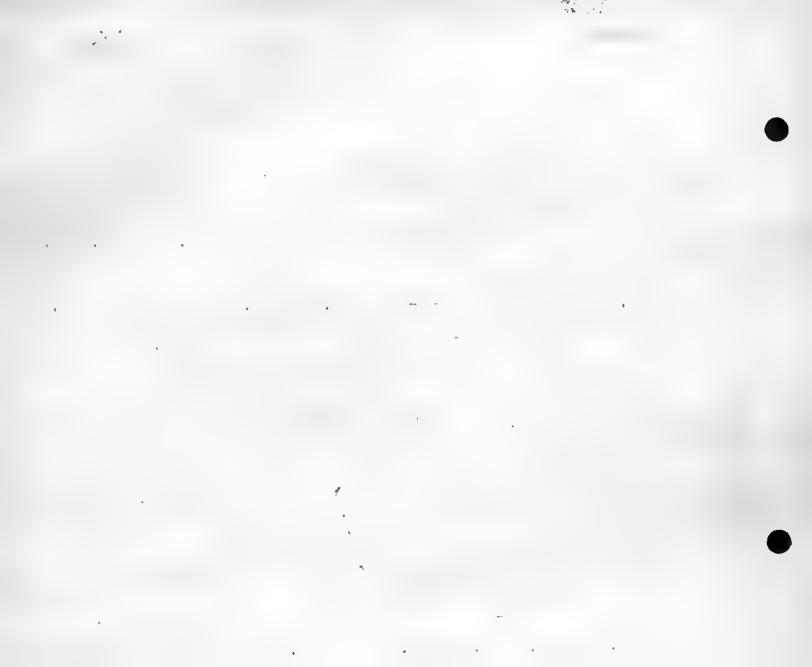
certificate

death

The law requires that the



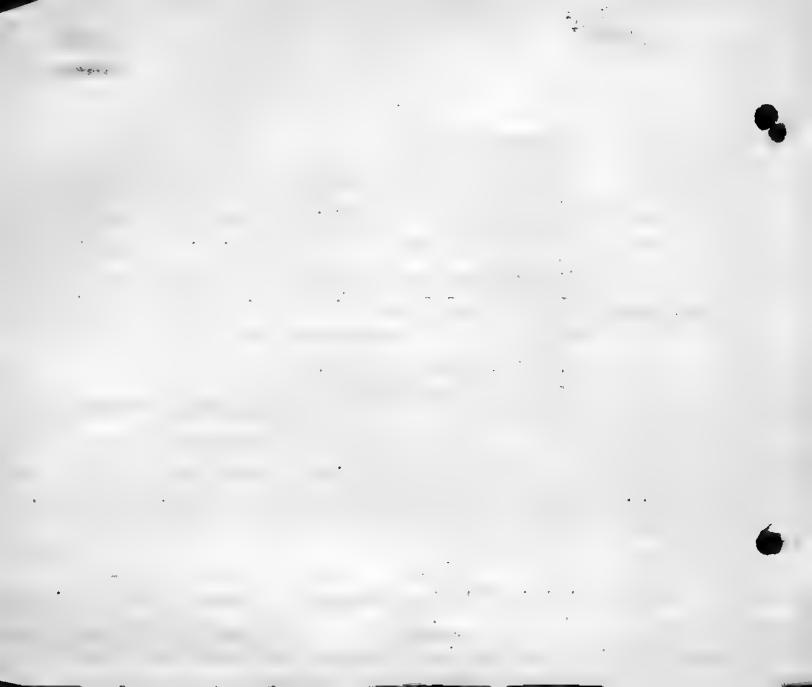
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05861 CERTIFICATE OF DEATH deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Washington o. STATE Maryland b. COUNTY Trashington requires that the death certificate be executed within 24 hours after **MARY! AND** b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest tawn) 18 Months Hagerstown Keedvaville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? paper filled Jackson Convalescent Home YES NOC 3 NAME OF Muddle 4 DATE Lipo First Last Manth Day Yeor DECEASED Wilson Kitzmiller April 19 67 1, Mary (Type or print) DEATH AGE (In vents IE UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED last b rthday) Manths Days 19 Hours Female White WIDOWED DIVORCED October 12,1881 In on rem puo 10o USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? please INDUSTRY ottending physician sermit. Then please Teacher Clementary School Keedysville, Md. S. A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME tronsit permit. Then pl cremotion, or removol, Augustus A. Kitzmiller Clementine Wilson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 219-54-0094 Mrs. Robert R. Wyand, Keedysville, Md. No. 18. CAUSE OF DEATH (Enter only one couse per line far (a), #Pe signed by the burial-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause os the has been ATTENDING PHYSICIAN: The law last. 19 WAS AUTOPSY PERFORMED? PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) detoched far use e Dept. of Heolth NO X YES certificote 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of minury in Part 1 or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm, (City or town) (State) TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) Haur a.m Nat While factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After ot work 21. 1 certify that (1) (this haspital) altended the deceased fram. that (1) (we) last be retoined saw the deceased alive an and that death accurred at M. fram causes and on the date stated above 22a M.D. DIRECTOR PHYS director, page should be filed 22c PHYSICIAN'S NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION REMOVAL (Specify) 4- 4- 67 Fairview Cemetery Keedysville, Md. 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1967 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05859 05862 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Washington o STATE Washington Marvland MARYLAND b. CITY OR TOWN (f outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RIRA, and give necrest town)
Hagers town ion papers. Pag within 72 hours Years Hagerstown ⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 10 filled Summit Ave 900 Summit Ave YES NO IX d completely to move torbon NAME OF Middle First DATE Lost Manth Day Year DECEASED April 4 1967 KOOGLE MYRTLE TRENE (Type or print) DEATH 19 6 COLOR OR RACE SEX IF UNDER 1 YEAR IF JNDER 24 HRS 7. MARRIED B DATE OF BIRTH AGE (In years NEVER MARRIED last birthdoy) Months Haurs White and in day Female WIDOWED X 1883 DIVORCED Febr 4 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 1/10 . 12 CIT ZEN OF WHAT Own Home during most of working life, even if retired)
HOUSEWITE Pleasant Walk Fred 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, Josiah Betts Annie Draver IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates of service) Elizabeth Mummert irs None cremotion, Maryland Ave Hagerstown INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) 7 OL / DUF TO ayt orio scleroun Conditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause os the prior to hos been last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 ed for use of Health p YES NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be deroche should be filed with the State Dept. MEDICAL 20c TIME OF INJURY Month, Doy, Year Hour o.m. 20d IN, JRY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from Item b 195/ to AY' F1 14, 1967, that (1) (we) last 19 6 7, and that death accurred at 4 saw the deceased alive on M, fram causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED ATTENDING MD DIRECTOR PHYS CAN S 22d ADDRESS O HOSPITAL NAME (Type) otomec NAME OF CEMETERY OR CREMATORS 23a BURIAL, CREMATION, DATE THEREOF 23d LOCATION (City or Town) (County) (State) Hill Cemetery Hagerstown Wash Co Md 4/6/6 Rose 24. FUNERAL DIRECTOR LAGETS TOWN 25 CSCOTORIAL ALGNA WERE **ADDRESS** VR A15 (4) Coffman Funeral Home 25M 1/67



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
/ N ROR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15863 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15861
s after death. If any dela, recessary, 1, 2, and 3 to the funeral director. Page 25 may be retained for your files. I and 2 with the State Department of within 72 hours after death.	1. PLACE OF DEATH a. COUNTY Washington MARYLAND b. CITY OR TOWN (i outside corporate limits, write RURAL and give neerest lown) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington Last Middle Last A. DATE OF DECRASED J. NAME OF DECRASED J. NAME OF DECRASED J. OR TOWN (if outside corporate limits, write RURAL and give neerest lown) J. Weeks J. STREET ADDRESS J. STREET ADDRESS J. STREET ADDRESS J. DATE OF DECRASED J. DATE OF DECRASED J. OR J. STREET ADDRESS J. DATE OF DECRASED J. OR J. STREET ADDRESS J. DATE OF DECRASED J. OR J. STREET ADDRESS J. DATE OF DEATH APTIL J. AGE (In yeers IF UNDER 17 EAR IF UNDER 24 HRS.)
uld be executed within 24 hours after n pencil in Item 18. Give Pages 1, 2, at fifee along with form PM3. Page 5 nuist-transit permit, file pages 1 and 2 or removal, and in any event within	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Farmer Dairy Farm Franklin Co. Pa. 14. MOTHER'S MADEN NAME Millard E. Kretzer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea, no. pr unkewn) [Hyeegivewerordelesofservice] 16. SOCIAL SECURITY NO. 17. INFORMANT West, no. pr unkewn) Address Williamsport Md RFD 18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Comminuted Fracture Of Left Femoral Head Williamsport March Security M
EE: This certificate shot githe word "pending" if Medical Examiner's O should be used as a but to burial, cremation.	Conditions, if eny, which save rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [] TO DESCRIBE HOW INJURY OCCURRED (Enter neture of injury in Pert i or Pert ii of item 18.) Fell in Nursing Home. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY [Home, ferm, 20t. [City or town] (County) (Siete) White Not White 1 work 1 was a second of the remains described above, held an Autopsy Nursing Home 1 was a second of the remains described above, held an Autopsy Nursing Home 1 was a second of the remains described above, held an Autopsy Nursing Home 1 was a second of the remains described above, held an Autopsy Nursing Home 1 was a second of the remains described above, held an Autopsy Nursing Home 1 was a second of the remains described above, held an Autopsy Nursing Home 1 was a second of the remains described above, held an Autopsy Nursing Home 1 was a second of the remains described above, held an Autopsy Nursing Home 1 was a second of the remains described above, held an Autopsy Nurs
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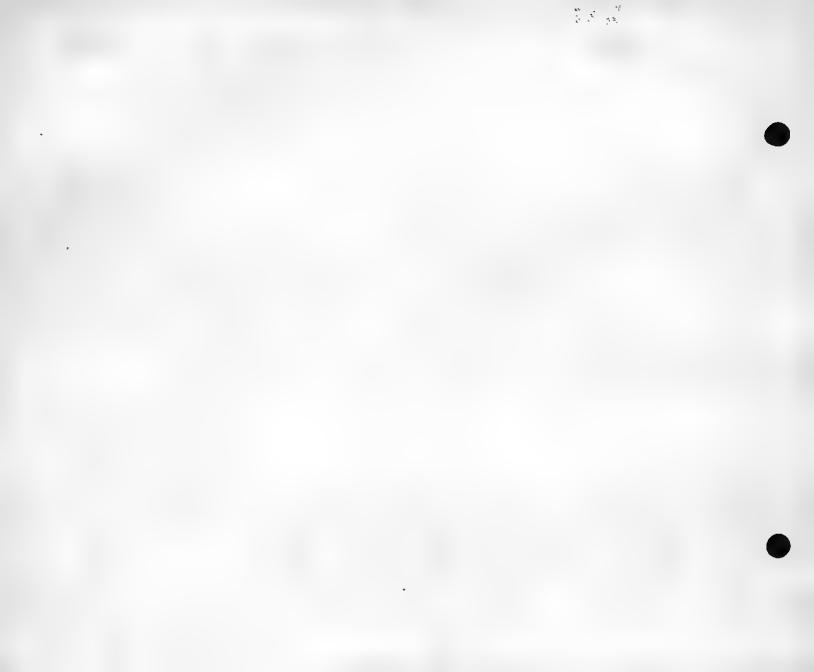




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05865 The low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND b. COUNTY WASHINGTON WASHINGTON MARYLAND b CITY OR TOWN (If autside corporate simils, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) HAUTERS TOWNS town) HAGERSTOWN 30 YRS. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 508 CHESTNUT 508 CHESTNUT ST. NO T 3 NAME OF Middle DATE Year DECEASED WILSON MA THNA OF DEATH APRIL 67 HAROLD (Type or print) and in ony event S SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (n years **IF UNDER** IF UNDER 24 HRS NEVER MARRIED purthdoy) Months Hours 11/15/1912 MALE WHITE WIDOWED DIVORCED 10a, USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT Bublic COPHTRYS A PENNSYLVANIA Bus Line 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, FLORENCE SIMONS JOHN S. MATHNA 15. WAS DECEASED EVER IN HIS ARMED FORCE SP 17. INFORMANT Add A CHRISTIOWN 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give wor or dotes of service MD. 214-09-8016 MRS. JULIA B. MATHNA cremation. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) by the hospital or ottending physician. with 2 previous **DUE TO** Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse State Dept. of Health prior to last SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO X YES certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20r. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg . etc.) Not While at work of work 21. I certify that (1) (this haspital) attended the deceased from 196 Z, ta_ 196 /, that (I) (we) last TO HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the 1967, and that death accurred a 2:30 PM, from causes and an the date stated above. saw the deceased alive an 2 O FUNERAL DIRECTOR: 220. SIGNATURE 226. DATE SIGNED MED. DIRECTOR M.D. 106 N. POTOMAC ST. 22c. PHYSICIAN'S LOVIS М. SNYDER NAME (Type) 23o. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)
HAGERSTOWN DATE THEREOF (Stote) REMOVABOTE YATA T 7/67 ROSE HILL CEM. WASH. MD. 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #G387 05864 CERTIFICATE OF DEATH 05866 requires that the deoth certificate be executed within 24 hours ofter deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate imits, write RURAL and give negrest town) HAJERSTOWN LIFE HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? WASHINGTON NOXX SHIMMET AVENUE YES 3 NAME OF Middle First 4 DATE Month DECEASED (Type or print) OF MAY LENA MONAMEE DEATH 1967 S SEX & COLOR OR RACE IF UNDER 1 YEAR IF JNDER 24 HRS 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH (In years 8 (last birthagy) Months Dovs Hours WIDOWED X DIVORCED FEMALE WHITE DEC 31 1880 E 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10h KIND OF BUSINESS OR 12 CT ZEN OF WHAT 1) BIRTHPLACE (County & State or foreign country) COUNTRY? INDUSTRY U.S.A. HOMEMAKER HOME WASHINGTON MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol. attending phys ALBERT W SUTER MOLLIE PHREANER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 155 SUMMET AVENUE (Yes, no, or unknown) (If yes give wor or dates of service) W McNAMEE NONE HAGERSTOWN MARYLAND cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) gnd (c))
PART I DEATH WAS CAUSED BY NTERVAL BETWEE signed by the burial-transit t IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS NO certificote 20o ACC DENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work ATTENDING FUNERAL DIRECTOR: After of work 1967. death 21. I certify that (I) () () () () () attended the deceased fram_ 19____, that (1) (3640) last O HOSPITAL OR ATTEND Poge 4 moy be retained saw the deceased alive on 6 april 19 C Z, and that death accurred at M. from causes and on the date stated above. 22o, SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS director, page 3 should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 145 S. PROSPECT HAGERSTOWN MARYLAND 230. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 4/8/67 WASHINGTON MD ROSE HILL CEMETER HAGERSTOWN 24. FUNERAL DIRECTOR ADDRESS VR A15 (4)



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6 h		05867	CERTIFICATE		U.	1865
Per deat		COUNTY Is Groking ton	MARYLAND	2 USUAL RESIDENCE (Where do state	P COUNTY	cerrole_
requires that the death certificate be executed within 24 hours oftenge physicion. In signed by the attending physicion and completely fulled in by the regeneration promit. Then please remaye carbon papers. Pages I a burial-transit permit. Then please remaye carbon papers.		o. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside co	rparate limits, write RURAL ai	
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certific g phys Then p moval,		FATHER'S NAME Jacob S. 3eph	,	14. MOTHER'S MAIDEN NAME	. Kerch	me D
he deoth certific attending phys permit. Then p		WAS DECEASED EVER IN U.S. ARMED FORCES? (if yes give wor or dotes of service	220-24-2504	Afolen 6	henberger	
thot the on. by the cransit p		1B CAUSE OF DEATH (Enter only one couse per le PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ne for (a), (b), and (c) Lobu	lar pn. monia	7 day	S INTERVAL BETWEEN ONSET, AND, DEATH
Page 4 may be retained by the hospital or attending physicion. Page 5 may be retained by the hospital or attending physicion. Puneral Director: After this certificate has been signed by the attending physicion and codirector, page 3 should be detached for use as the burial-transit permit. Then please remosthould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		Conditions, if any, which gave itse to immediate couse (a).	ytenosclerof	rombosis with	h f miple jia / 9/8/22/59 /6	mountaged
law re inding been is the l		lost (c)	Arteriosclerosis		Chillen Is. DADT M.	Unknown
N: The or after of the solution of the solutio	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ellitus			IP WAS AUTOPSY PERFORMED? YES NO
G PHYSICIAN: The law the hospital or attendin this certificote hos bee defoched for use as th te Dept. of Health prior t		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob DESCRIBE HOW INJURY OCCURRED (·	(5-4)
TO HOSPITAL OR ATTENDING PH' Page 4 moy be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detoc should be filed with the State Deg	MEDICAL	Hour a.m. p.m. 19	While Not While facto	E OF IN.URY (Home, form, ary, street, affice bldg , etc.)	(City or town)	(County) (Stote)
O HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR: After the director, page 3 should be dishould be filed with the State		21. 1 certify that (I) (this haspital) of saw the deceased alive on 220 SIGNATURE		death accurred at 7:17		an the date stated above 2b DATE SIGNED
L OR A DIRECT DIRECT STREET ST		22c. PHYSICIAN'S ELLIN S	They MD	ATTENDING MED DIRECTION 22d ADDRESS	STAFF POL	4-30-67
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 should be filed w	230	NAME (Type) LOWIN O BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF TEMETERY OR C	1500 Penna	14 agerstus LOCAT ON (City or Tawn)	(County) (State)
= =		REMOVAL (Specify) FUNERAL DIRECTOR FUNERAL DIR	1967 St Jacobs		Frederik 70.	ASSIGNATURE
VR A15 (4) 25M 1/67		Her Geisle	then trock	SER DATMAY O	JOST OCH	mla Ouder



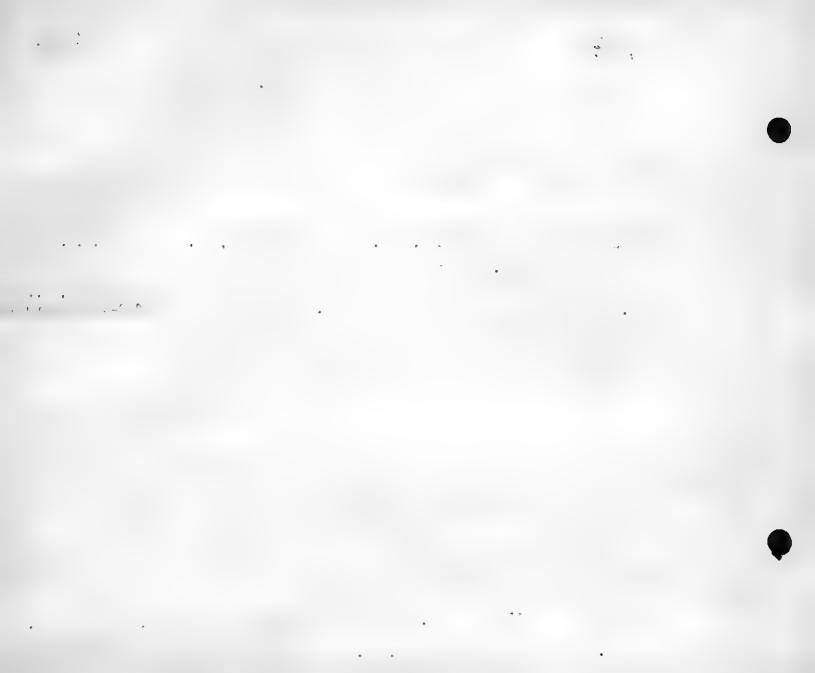
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY after b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) the Maryland Washington MARYLAND by the Pages c. CITY DR TOWN (If outside corporate limits, write RURAL end give hearest town) C. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours .E oute 1. Clear Spring Md. 5 vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not mospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? YES A NO 🗌 Reute Route and completely firemove carbon party ally event, within executed within 3. NAME DE Year First Middle Last 4. DATE Month Day DECEASED DEATH (Type or print) Miller April Rewland AGE (in yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) | Months | Deys | Hours | Min. 5. SEX DATE OF BIRTH 6. COLOR OR RACE 9. NEVER MARRIED 7. MARRIED DIVORCED [White WIDOWED Male physician a n please re val, and it a 12. CITIZEN OF WHAT 1Da, USUAL OCCUPATION (Give kind of work done during most of working life, even (f retired) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY? þe II.S.A Farmer Farming Retired FATHER'S NAME certificate removal, Frank Miller Rewland 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 0 (Yes, no, or unknown) I (If yes give war or dates of service) that the death has been signed by the at as the burial-transit permersor to burial, cremation, 220-28-7849 Spring MI INTERVAL BETWEEN ONSET AND DEATH Lester Willer Rd 1B. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction, Ventricular fibrillation minutes the hospital or attending physician. DUE TO Arteriosclerotic Heart Disease unknown Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) DESCOR: After this certificate have 3 should be detached for use led with the State Dept. of Health I PERFORMED Z Pulmonary Emphysema, Cor Pulmonale YES [NO 4 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Ноиг а.т. Not While be retained by at work ATTENDING p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased any on dead 04/02/67₁₉ and 1967 that (1) (we) last from 19 to April 02, 1967, that (I) (we) last and that death occurred a 12:55 M, Nom the causes and on the date stated above. April 02 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 04/03/67 director, page should be filed Page 4 may r M.D. Clear PHYSICIAN'S NAME (Type) Archie Robert Cohen, M.D. Spring, Maryland 21722 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Wash. Co. Md. Burial FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Clear Spring. _Md_ 15M 4-64



VEGCU	DIVIDION OF VITA	L RECORDS, 301 W. PRESTO	· ·	
05869		CERTIFICATE	OF DEATH	05867
1 PLACE OF DEATH o. COUNTY	WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Where	deceased lived, if institution Residence before admission) b. COUNTYWASHINGTON
b. CITY OR TOWN	(If autside carparate limits, a swongerest town)	2 YRS		arparate limits, write RURAL and give nearest town) MARYLAND
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in haspit	ral, give street address)	d STREET ADDRESS	e 'S RESIDENCE ON A FARM?
3 NAME OF	First	Middle	Lost T 4 D	YES NO X ATE Month Day Year
DECEASED (Type or print)	LEILA	ELLEN M	HILLER B	EATH
S SEX	6. COLOR OR RACE 7 MARR WIDOW		DATE OF BIRTH	9 AGE (In years IFUNDER I YEAR IFUNDER 24 HRS Manths Days Haurs Min.
quinoliby possibly	N (Give kind of wark done †D	6. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State WASHINGTON	ar fareign country) 12 CITIZEN OF WHAT COUNTY MD COUNTRY?
13 FATHER'S NAME	THOMAS W SHIV	50	14. MOTHER'S MAIDEN NAME SUSAN 1	
IS WAS DECEASED EV (Yes, no, ac unknown)	ER IN U.S. ARMED FORCES? (If yes give war at dates of service)	16 SOCIAL SECURITY NO. 17 II	NFORMANT	BEARD Address AGERSTOWN MD.
NO		NONE FRA	NK O SHIVES	MARTIN MANOR REST HOME
	EATH (Enter only one couse per line ITH WAS CAUSED BY IMMEDIATE CAUSE (o)	1KGFT YOUE HE	ant factur	ONSET AND DEATH
Conditions, if an	(, which gave) (b)	21/8/010/2018	MY HEAD	Y Pestate, untime
rise to immedia stating the und last	te cause (a),		•	
2 PART II OTHER S		NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	PERFURMED?
2Do ACCIDENT WA	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part (pr Part Lafstern 18)
- (in chinek, norm	m. W		TE OF INJURY (Hame, form, ary, street, affice bldg , etc.)	20f (City or tawn) (County) (State)
21. I cert	ify that (I) (this haspital) at	work U otwork U 1	A.14 , 1962	ta 9-5 , 1961, that (I) (we) last
saw the c	ecleased plive an 2-35	19, and that		M, fram causes and an the date stated above
22c. PHYSICIAN	Langer	1 M.D	ATTENDING MED. PHYS. DIRECT	STAFF C / ///
NAME (Type	$C, K, \neq \emptyset$	roll 3 opph	300 N-14	Halase Hagopers Hill.
23a BURIAL, CREMAT		23. NAME OF CEMETERY OR C		d LOCATION (City or Tayn) (County) M D(State)
BENEVAL (SPECI	4.8.67	STONE BRIDG	APRIDIY	JRAL 2 HANCOCK WASHINGTO



1	tem 20b, e,f, Film 389 MARYLAND STATE DEL 5-2-67 ams Division OF VITAL RECORDS, 301 W. PREST		
FOR STATE	05870 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	05868
HEALTH DEPT.	PLACE OF DEATH a. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased ved if institution a. STATE W. Va. Jeffersor	Residence befare admission)
19 19 19 19 19 19 19 19 19 19 19 19 19 1	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Hagers town 10 Days	c CITY OR TOWN (If outside corporate limits, write RURAL Harpers Ferry	
If any of set 1, 2, a farm PM	d NAME OF HOSPITAL OR INSTITUTION (if not in haspitol, give street address) Washington County Hospital	d STREET ADDRESS R #1. Box 250	e 15 RESIDENCE ON A FARM? YES NOK
s after death. If an 18. Give Pages 1, 2 along with farm 2 with tite Nate Dep	3. NAME OF PATRICIA F.rst Middle MIL	JEER 4. DATE Month OF DEATHAPTIL 12	19.67 19
18. Grue along	S SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED TO DIVORCED DIVORCED		IF UNDER 1 YEAR 1 IF UNDER 24 HRS. Months Doys Haurs M.n.
24 hours of them 18 ler's Office of siles l≡nd2 vafter death	10a USUA. OCCLPATION (Give kind af work done during mastri (working the even if retired) Consul. Com.	11. BIRTHPLACE (State or fore gn country) Cumberland, Md.	12 CITIZEN OF WHAT COUNTRY?
within pencil in community within the page.	Michael F. Prendergast	14 MOTHER'S MAIDEN NAME Dorothy McMullen	
d be executed within 24 d'pending" in pendil in Chief Medica. Examiner's immsit parmit file pagas syant within 72 haurs affe	(Yes, na, ar unknawn) (If yes give war ar dates af service)	INFORMANT Address, Norothy Prendergast 20	
should be ex ne ward 'pend to the Chief M burial-temsit p	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Subdural hema 983 × DUE TO	toma	INTERVAL BETWEEN CONSET AND DEATH
s certificate shauld e. writing the ward farwarded to the Ch i msed as a burial-tm	Canditions, fany, which gave this is to immediate cause (a), stating the underlying cause (b) to (c)	usions of the head	10 days
This certificate cate, writing the se farwarded to the mean and the second seco	PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED? YES 🛣 NO
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age of a factor of the factor	Hour a m. pm. 4/2 1967 While atwark atwark w	ACE OF IN.LRY (Home form 20f (City or lown)	N.W. Wash. DC
AL For Post	21. I certify that I taak charge of the remains described above, death resulted from: \(\sigma \) Natural causes \(\sigma \), Accident \(\sigma \), Su		
	ACTUAL SIGNATURE DOGS & Miles	CHIEF MEDICAL EXAMINER M D ASSISTANT MED CAL EXAM NER	4/12/67 22. DATE SIGNED
to DEPUTY / the funeral of 5 may be re funeral of funer	EXAMINER'S Howard N. Weeks, M.D.	DEPUTY MEDICAL EXAM NER E 580 No Address (Street, city, town, or county) Hage	rstown, Md.
TO I nec	230 BURIAL, CREMATION, 236 DATE THEREOF 23C. NAME OF CEMETERY O SS. Peter & 1	Paul Cemetery Cumberland	Allegany Md
VR A15ME (5)	24. FUNERAL DIRECTOR H. Wayne George Cumberland, Md.	DAPR 17 1967 SCL	arles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 35871 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please remave cases papers. Pages and PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat o. COUNTY n. STATE b. COUNTY Washington
b city or Town (if outside corporate limits, Maryland Washington MARYLAND CLENGTH OF STAY IN 16 CITY OR TOWN (It outside corporate hmits, write RURAL and give nearest town) write RURAL and give nearest town) carboa papers. Paget, within 72 haurs Rural 4. Hagerstown MD 5yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) _Hagerstewn. Md. e IS RESIDENCE d STREET ADDRESS ON A FARM? YES 🔲 NO F Rural Rural 3 NAME OF Middie Lost DATE Year Doy DECEASED Mills (Type or print) Virginia April 7 Carrie DEATH AGE (In years lost birthday) 1F UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH Months Doys Hours any WIDOWED DIVORCED White March 191 Remaile White 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? Home duties W. Va. Rouse work 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, Harrison Flanagan Sarah Jane Ketterman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Md. 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) [fif yes give wor or dotes of service) 217-28-9799 Joseph W. Mills, Rd.4. No Hagerstown NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit 3 MAND PAUS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. adenocarcinoma of Sigmoid Colon 15 months Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the l O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) use State Dept. of Health NO X YES far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Yeor Hour om. foctory, street, office bldg , etc.) Not While of work of work 1962, to april 5 2]. I certify that (1) (this hospital) attended the deceased from North . 1967, that (I) (**) last should 19 67, and that death accurred at 4:1572M, from causes and on the date stated above saw the deceased alive an Chail 5 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** 凶 M.D. DIRECTOR PHYS PHYS. directar, page shauld be filed 22d ADDRESS 22c PHYSICIAN S NAME (Type) 1229 Ravenucal Hots ocrstown 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Burial

24 FUNERAL DIRECTOR Cedar Lawn Mem. Park Hagerstawn 2Sb REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR Clear Spring. Md.



1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	IRE 1MARYLAND
d Far	05872 CERTIFICATE, OF DEATH	05870
dand 2	PLACE OF DEATH a. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived, if in a. COUNTY a. STATE b. COUNTY	
in by the	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Wash C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ington rite RURAL and give nearest town)
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ithin 24 ho etely filled i bon papers.	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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xecuted wand comply	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years) last birthday)	Months Days Hours Min.
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cate be e physician please r ral, and In	INDUSTRY	COUNTRY?
icate phys	. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	d U.S.A.
certifica Iding ph Then remova	Lewis Moser Sara C. Rockwell	
e death certifica the attending ph it permit. Then sation, or removal	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres of service) 214-54-0299 Martha Mellott Big	
at the deat ian. d by the at ransit pern cremation,	18. CAUSE DF DEATH [Enter only one cause per line for (a) to), and (c).]	INTERVAL BETWEEN
at the ian. I by ransi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Wilmenary Eflects	ONSET AND DEATH
The law requires that the death certificate be executed within it or attending physician. Cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon tealth prior to burial, cramation, or removal, and invariance with with	Conditions, if any, which) DUE TO auth Congressione Heart Fachine	7 Hec
required ding popular peen the but to	gave rise to immediate cause (a), stating the DUE TO	seven/
aw re ttendii has bé as th prior	underlying cause last. (c) [interest the start of the sta	Years Without
CIAN: The law ospital or atten certificate has hed for use as t. of Health pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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ATTENDING retained by CTOR: After i should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from 4/14, 1947, to 4/14	
ATT retai	saw the deceased alive on 4//7.19.4.7, and that death occurred at *** AM, from the causes 22a, SIGNATURE	and on the date stated above
y be DIR	Chand Marky M.D. ATTENDING MED. STAFF PHYS.	4/10/67
SPITAL 4 ma (ERAL tor, pa	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: Afte director, page 3 should be should be filed with the Sta	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, t REMOVAL (Specify)	town or county) (State)
10	Funda Director April 10,67 St ADDRESS Come tory 25a. REC'D BY REGISTRAN SELT A	MISTRAR'S SIGNATURE
VR ALS (4) 0	Thompson Funeral nome Clear Spring, Md DATAPR 19 1967	Harles Judge
20111 1/40	D .	L/



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05873 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral o. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits r TENGTH OF STAY IN 16 (If outside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NO DO NAME OF Middle Lost 4. DATE Day Year DECEASED CIARA (Type or print) DEATH S SEX 6 COLOR OR RACE NEVER MARRIED 9. AGE IF UNDER 1 YEAR I IF UNDER 24 HRS last birthdoy) Months Dovs WIDOWED T DIVORCED | 10b KIND OF BUSINESS OR 13. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most af working life, even if retired 13. FATHER'S NAME ar removal. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND BEATH signed by 1 IMMEDIATE CAUSE (a) burial Conditions, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying couse use as the tath TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito NO DA <u>la</u> 20g ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (County) foctory, street, affice blda, etc.) Nat While at work of work be retained by 19. [7. to and 27, 196/that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram and 24 1967, and that death occurred of LAM, from couses and on the date stated above. saw the deceased olive anancist 2 22g. SIGNATURE 22b. DATÉ SIGNED ATTENDING PHYS directar, page 3 should be filed M.D. DIRECTOR 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) 23o. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Md 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 2 M 1/66

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<u> </u>	05874	CERTIFICATE OF D	EATH	05872
₹) ₹1)	1. PLACE OF DEATH O. COUNTY WOShing to	2. USUAL RE 6. STATE MARYLAND	ESIDENCE (Where decessed lived, If Inst b. COUNTY	1 10-
	b. CITY OR TOWN (if oblinds corporate limits Write RURAL end pinemearest town)	c. LENGTH OF STAY IN 16 c. CITY OR	TOWN (If outside corporate limits, write RI	
6	d. NAME OF HOSPITAL OR INSTITUTION IN	not in hospitel, give street address) d. STREET A		o, is residend on a farm yes 🙀 no
	3. NAME OF DECEASED (Type or print)	a Merrick Parker	4. DATE Month OF DEATH 4	bay Your 1 19 67
	FW	The state of the s	875 lest birthdey) N	donths Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired HOMEMAKER 13. FATHER'S NAME	HOME Wash	. C.	4 .S .
	DANIEL GAITHER 15. WAS DECEASED EVER IN U.S. ARMED FORCE	Huyett E +	nma Merrick	*
	(Yes, no, or unkown) (Hyes give we ror detes of sa	NONE WILLIAM ME	RRICK PARKER RTE.2	SMITHSBURG MD.
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (*) DUE TO	office and the	it - Varenda win	reper 10 you
	Conditions, if any, which geve rise to immediate cause [a), stelling the underlying DUE TO	1 Co cear /rain	so ing	2 oone
J	COUSD Bast. (c) PART II. OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDITION GIVEN	IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO [
	PART II. OTHER SIGNIFICANT CONDIT	20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of	injury in Part I or Part II of Item 18.)	
	ZOc. TIME OF INJURY Month, Day, Yes Hour a.m.	20d. INJURY OCCURRED 20e. PLACE OF INJURY (He fectory, street, office be at work et work	ome, ferm, 20f. (City or town)	(County) (Stele)
		A) attended the deceased from Male	d at 6.5 M, from the causes and	
	220. SIGNATURE of We	ellan M.D. ATTENDING	DIRECTOR PHYS.	22b. DATE SIGN
	22c. PHYSICIAN S NAME (Type)	he Van	Roonslow	med-
	236. BURIAL, CREMATION, 236. DATE THERI BURIAL 4/3/67	ROSE HILL CEMETERY		ASHINGTON MD.
	24 FUNERAL DIRECTOR'S SIGNATURE CHARLES M ROUZER HAG	ADDRESS ERSTOWN MARYLAND	APR 5 1967 256, REGISTRAR 256, REGIS	ares gringe



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05875 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death signed by the ottending physicion and completely filled in by the funerals buriol-transit permit. Then please remove carbon popers. Pages 1 and burial, cremation, or removal, and in any well, within 72 hours ofter deat 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY Middlesex o. COUNTY o. STATE New Jersey Washington MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Englishtown 5 yrs. d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 93A Route #1 Washington County Hospital YES TO NO NAME OF Middle 4 DATE Lost Month April 30 DECEASED Peach (NMN) 1967 Charlie (Type or print) DEATH IF UNDER 1 YEAR IF JNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED 7/21/1905 AGE (In years NEVER MARRIED birthday Manths Negro Male WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY IISA Red Bank, New Jersey
14. MOTHER'S MAIDEN NAME Furnace Tender Mack Truck Corp. 13 FATHER S NAME Unknown Unknown IS WAS DECEASED EVER IN .. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, arunknawn) (If yes give war ar dates of service) Englishtown, New Jersey Mrs. Catherine Peach 261-26-5516 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line (67 to), (b), and (c).
PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse os the prior to hos been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O FUNERAL DIRECTOR: After this certificate ٥ 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) While Not While 21 | certify that (1) (this haspital) attended the deceased from saw the deceased alive on. , and that death occurred at M, from causes and on the date stated above. SUBNATUR 22b. DATE SIGNED ATTENDING STAFF PHYS M.D DIRECTOR director, page 3 should be fil≡d 22d. ADDRESS PHYSIC AN NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) Jamesburg, New Jersey. 6 Fernwood Cemeterv FLINERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05876 05874 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 havrs after death the attending physician and completely filled in by the funeral sit permit. Then please femave carban papers Pages I and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) o STATE Maryland Washington b. COUNTY Mashington MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 1 Week Funkstown d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital YES NO IX 3 NAME OF Middle First Lost 4 DATE Month Day Year DECEASED April 19, 67 Betty Price Jane (Type or print) DEATH 19 IF UNDER I YEAR | IF UNDER 24 HRS DATE OF BIRTH 9 AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED K NEVER MARRIED birthday) Jan. 20,1941 In any Female White WIDOWED [DIVORCED 11 BIRTHPLACE (County & Stote, or foreign country) 12. CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Beaver Creek, Md. Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas H. Kline Pauline Green 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address signed by the attending burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Thomas H. Kline, Fairplay, Md. Unknown INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO stating the underlying couse detached for use as the te Dept, of Health priar ta O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART 11. OTHER SUBMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg, etc.) Not While at work 21 I certify that (1) (this haspital) attended the deceased from Tung 10 1966 to and 19 . 19 47, that (1) (we) last April 18 19 67, and that death accurred at 2. 100M, from causes and an the date stated above saw the deceased alive an_ 226 DATE SIGNED 22o SIGNATURE M.D DIRECTOR 22d ADDRESS PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) (Stote) 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Hagerstown, Md. 4- 21- 67 Cedar Lawn Nem. Park 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR victionlas VR A15 (4) 25M 1/67 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. APR 24



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 05877 CERTIFICATE OF DEATH , PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) COUNTY a. STATE 6 COUNTY. MARYLAND enna b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BURAL and give nearest town? 5 moa orrat own d. NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 🖂 Ξ. NAME OF Middle 4. DATE Month Day Yeor ed DECEASED DEATH (Type or print) 19/ 9 AGE (In/years lost bis/hday) IF UNDER I YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Doys Hours DIVORCED A WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physic IS. WAS DECEASED EVER IN J. S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per fine for (g), (b), and (c).] INTERVAL BETWEEN alte ONSET AND DEATH PART !. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? YES NOTE 20a. ACCIDENT WAS UNDERLYING IT 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o m. While Not while at work of work p. m. 21. I certify that (1) (this haspital) attended the deceased fram 19 that (I) (we) last and that death accurred by 30 M, from the causes and an the date stated above 618 saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING MED. STAFF PHYS. M D. PHYS. 22c. PHYSICIAN'S 22d ADDRESS should 급 Boor NAME (Type) 23h. DATE THEREOF 23d, LOCATION (City town, or county) 23a BURIAL CREMATION. NAME OF CEMETERY OR CREMATOR (Stole) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 15M 9759



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05878 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission a. COUNTY h COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate emits write RURAL and give negrest town) HAGERSTOWN RURAL HAJERSTOWN 2 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? AVALON MANOR CONVALESCENT HOME 457 NORTH POTOMAC STREET □ NO □X YES PHYSICIAN: The low requires that the death certificate be executed within NAME OF Middle First 4 DATE Month Lost Year DECEASED MELLIAM FREDERICK REYNOLDS APRIL .SR 67 DEATH (Type or print) 507 9. AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED (yabittiday) Months Hours MALE WHITE NOV. 10, 1889 WIDOWED DIVORCED 10a USUAt OCCUPATION (Give kind of work done during most of working into even if retired) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? physicion (en pleose SHIPPENSBURG. PENNA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENJAMIN F. REYNOLDS MARY ZELLERS Addres 30 ORCHARD RD. 16. SOCIAL SECURITY NO. 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) 6 214-09-1972-A W. FREDERICK REYNOLDS, JR. HAJERSTOWN, MD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY

Pull money NTERVAL BETWEEN GONST AND DEATH WAS LAUSED BY Pulmonary embolism MUDA DDE TO Conditions, if any, which gove (b) rise to immediate cause (o), DUE TO stating the underlying cause os the prior to l PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDIT ON GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Pneumonia April 13 to April 25, 1967 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While factory, street, office bldg., etc.) at wark 21. I certify that (i) (this hospital) attended the deceased from April 13, 1967, to April saw the deceased give on April 261967, and that death occurred at M, from couses of 279 67, that (1) (we) lost M, from couses and on the date stated above O FUNERAL DIRECTOR: 22o. SIGNATURE 226 DATE SIGNED MED.
DIRECTOR STAFF PHYS. M D PHYS 22c. PHYSICIAN 5 22d ADDRESS NAME (Type) B. B. KNEISLEY. M.D. 148 W. WASHINGTON ST. HAGERSTOWN, MD. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
BURIAL 4/29/67 HAGERSTOWN WASH C REST HAVEN CEMETERY 25g, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) CHARLES M. ROUZER HAGERSTOWN MARYLAND



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05879 05877 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, of institution. Residence before admission) o. COUNTY o. STATE b COUNTY WASHINGTON WASHINGTON MARYLAND MARYLAND papers. Pages 1 fin 72 haurs after b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) HAGER STOWNGrest town) YRS. 40 HAGERSTOWN e IS RESIDENCE ON A FARM? YES NC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS WASHINGTON COUNTY HOSPITAL 30 NORTH AVE. NAME OF Middle 4. DATE Month First DECEASED RHODES GRACE APRIL NELLE 67 (Type or print) DEATH and in any eveat, 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED dirthdoy) Dovs Hours 12/4/1888 FEMALE WHITE WIDOWED X DIVORCED 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done HOME: PENNSYLVANIA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, JOHN D. WIISON Katherine LINDSAY 17. INFORMANT Add THESDA MD. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, co or unknown) (If yes give wor or dotes of service MRS. RUTH R. CASKEY INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BYtransit ONSEY AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o), **DUF TO** stoting the underlying couse at the Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEALLY BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CERTIFICATION NO certificate b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ((by or fown) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work 21 | certify that (1) (this haspite)/ attended the deceased from to Page 4 may be retained and that deoth occurred at/035 24M. DIRECTOR: saw the deceased alive on from couses and on the dots stated above 22o. SIGNATURE 22b MED DIRECTOR PHYS director, page 3 shauld be filed PHYSICIAN S 22d. ADDRESS FUNERAL NAME (Type) 23b. DATE THEREOF LOCATION (City or Tow (County) (Stote) 23o. BURIAL, CREMATION, 23C NAME CEMETERY OR CREMATORY MD. REMOVAL (Specify) HAGERSTOWN WASH. REST HAVEN CEM. 7/67 2 25o, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05880 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o STATE **b** COUNTY Washington MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give reporest town) Hagers town 4 days Paramount d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Wash. County Hospital Paramount. Md. NO X NAME OF Middle First 4 DATE DECEASED 1967 Susan Eshleman Risser DEATH S SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR TIF UNDER 24 HRS. 7 MARRIED **NEVER MARRIED** DATE OF BIRTH (Steirthdoy) Hours White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Housekeeper 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT Home Kinzers, Pa. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Hettie Denlinger Eshleman 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO A7-JNFORMANT (Yes, no, or unknown) (If was give wor or dates of service Maugansville, Md. No IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physicion. DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause vteriosc. 2 7- 66 17 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS!
PERFORMED? YES | NG. this certificate 200 ACCIDENT WAS JNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18.) OR CONTRIBUTING CLICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Store) Hour o.m. Not While foctory, street, office bldg , etc.) et werk 21. I certify that (1) (this hospital) attended the deceased fram Dec. 14 , 1962, to AP-15 , 19 (7), that (I) (we) last saw the deceased alive an APY . 15 1967, and that death occurred at List PM, from causes and on the date stated above FUNERAL DIRECTOR: 220 SIGNATURE DIRECTOR 22d ADDRESS PHYSICIAN NAME (Type Hacerstovn, no 230 BURIAL, CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Paradise Ch. Cem. Wash. Co., Md. 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So REC D BY REG STRAR VR A15 (4) Greencastle, Pa



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before with their a. COUNTY b. COUNTY Washington MARYLAND Maryland b. CITY OR TOWN if oulside corporate I m ts c LENGTH OF STAY IN 1h c CITY OR TOWN If outside corporate limits, write RURAL and give no rest lown write RURAL and give neerest lown] Hagerstown Md. Hagerstown Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a dires ON A FARM? 510 Mitchell Ave. 118W North YES NO THE Street 3. NAME OF Middle 4. DATE DECEASED OF (Typa or print) Peter DEATH no Ross April 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARR ED DATE OF BRTH 9 AGE IN YOUR JIF JNDER I YEAR IF UNDER 24 HRS last birthday) | Months | Male WIDOWED | June 10 DIVORCED [hin 24 hours after Give Pages 1, 2, a rm PM3, Page 5 10a USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foraign country) 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Chemical Corp Charles Town, W.Va. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME James Ross Scott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT (Yes, no, or unknown) I (If yes give we not dates of service no Ross 118 W. North Street Gladys 18. CAUSE OF DEATH [Entar only one causa per ine for ,e, (b) and (c)] Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute interstitial myocarditis Recent **DUE TO** Conditions, if any, which Atherosclerotic heart disease, marked gava rise to immadiata causa **DUE TO** (a), stating the underlying PART I OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1, 31 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part Lor Part Lof Item 18). PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De PLACE OF INJURY [Home, farm, 20f (City or town) (State) factory, street, office bldg etc.) Not White el work el work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from-Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAM NER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** please e. 4 should FUNI Dr. E. W. Ditto, Jr. Address (Street, city, town, or countyHagerstown, 22a, BURIAL, CREMATION | 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or country) REMOVAL (Specify) Rose Hill Cemetery Hagerstown Maryland Burial 23 FUNERAL DIRECTOR VR A15ME 5M 1/62



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05882 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND papers. Pages i hin 72 haurs after MARYLAND WASHINGTON c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 60 YEARS HAGERSTOWN e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hin 72 | filled WASHINGTON COUNTY HOSPITAL 137 ALEXANDER STREET. YES NO X NAME OF Middle Month First Lost 4 DATE Doy Year campletely ave carban DECEASED OF DEATH ELIZABETH SELLERS APRIL 24. 1967 L. (Type or print) 9. AGE (In years IF UNDER | YEAR IF JNDER 24 HRS S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 76 birthdoy) Months Hours FEMALE WHITE WIDOWED X DIVORCED JUNE 1. 1890 and in an 12 CIT ZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work dane FOR KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) **COUNTRY?** physician (nen please INDUSTRY U.S.A. OWN HOME LURAY, VIRGINIA HOMEMAKER 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME ar remova EMMA GOCHENOUR CHARLES W. LILLARD IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 137ddrALEXANDER ST. CHRISTIAN R. SELLERS. HAJERSTOWN. MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN IMTESTHAL MATTON IMMEDIATE GAUSE IN be retained by the haspital or attending physician. DUF TO Canditions, if any, which gove ADHESIMS rise to immediate couse (o), DUE TO stoting the underlying cause this certificate has been CAMBRITIE + PERFORMANCE 19 WAS ALTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? use CERTIFICATION ARTSRIPSCHELDING-HYPERTEMSIVE C.V DISTRE NO Aurosis 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port 1 of item 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg , etc } Not White of work L at work 21. I certify that (1) (this this solicit) attended the deceased from 24 James 1965, to 24 April , 1967, that (1) (W) las saw the deceased alive an 24 April 1967, and that death accurred at 22 M, fram causes and an the date stated above 220 STENATURE 22b DATES GNED ATTENDING STAFF 25 APRIL 1967 DIRECTOR M.D 22d ADDRESS 22c PHYSICIAN'S O HOSPITAL TO FUNERAL NAME (Type) 218 N. POTOMAC ST. HAGERSTOWN, MD. FENDER. M.D. DR. WILLIAM N. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23o BURIAL CREMATION. (Caunty) REMOVAL (Specify) 4/26/67 HAGERSTOWN, WASH. ROSE HILL CEMETERY BURTAL 24. FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR VR A15 (4) 25M 1/67 CHARLES M. ROUZER. HAGERSTOWN MARYLAND



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05883 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNWashington Washington a. STMA MARYLAND 計 b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write_RURAL and give nearest town) Smithsburg þ Hagerstown 2 weeks rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? physician and completely filled en please remave carbon pane Martin Manor Rest Home YES MO NO R. F. D. # NAME OF First. Middle Last DATE DECEASED event, Miller Shank 67 (Type or print) Amos DEATH April AGE (In years last birthday) IF UNDER 1 YEAR S SEX JF JNDER 24 HRS 6 COLOR OR RACE 7. MARRIEDYTY **NEVER MARRIED** 8 DATE OF BIRTH remaye any eve Months Days Haurs WIDOWED DIVORCED Male White April 27 1892 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Labor INDUSTRY Refrigation **COUNTRY?** Leitersburg 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial-transit permit. Then pl burial, cremation, or removal, David Shank Clara Miller 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war or dates of service) Charles Hutzell Hagerstown 214 16-0222 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Cerebral hemorrhage NTERVAL BETWEEN ONSET AND DEATH signed by Canditions, if any, which gave (b) Arteriosclerotic cardiovascular disease 10 years rise to immediate cause (a), DUE TO for use as the t Health prior to b stating the underlying cause has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPS PERFORMED? PHYSICIAN: The MEDICAL CERTIF CATION NO X After this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g. ACC DENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City at town) (County) (Stote) Haur 'a.m. factory, street, affice bldg., etc.) While Not While at work at wark O HOSPITAL OR ATTENDING 10-20 1954 to 4-21 , 1967, that (I) (we) las 21. 1 certify that (1) (this haspital) attended the deceased fram_ 4-13 19.67, and that death accurred at 6. A.M. from causes and on the date stated above saw the deceased alive an O FUNERAL DIRECTOR: 22b DATE SIGNED 220 SIGNATURE ATTENDING director, page 3 shawd be filed v M.D DIRECTOR PHYS. 4-21-67 PHYS 22d ADDRESS 22c PHYSICIAN'S Charles F. Hess, M.D. Smithsburg, Maryland 21783 NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a BURIAL, CREMATION, REMOVAL (Specify) StoufferMennonite Cemetery

ADDRESS | 25a RECD BY REGISTRAR April 24 67 Smithsburg Wash 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Minnich Funeral Home Smithsburg Min



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician,

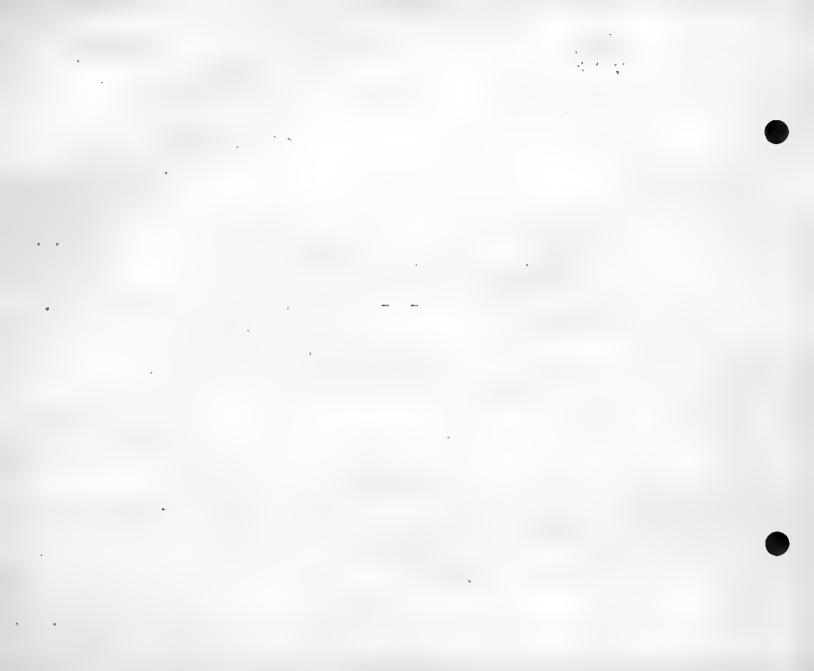
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH			2. USUAL RESIDEN	ICE (Where decease	ed lived, If insti	tution: Residence bel	ore admission)	
a. COUNTY Washington MARYLAND			a. STATE Maryland b. COUNTY Washington					
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)			c. CITY DR TOWN (f outside corpor	ate limits, write	e RURAL and give n	earest town)	
Hagerstown 11 days		William	sport.		. , ,			
			ospital, give street address					RESIDENCE
Washingto	n County H	ospital		113 N. Ar	tiza n St	reet	YES	N A FARM?
3. NAME DF DECEASED	2.0	irst	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Mary		Addie	Shank	DEATH	April	10	19 67
5. SEX	6. CDLOR OR RACE	7. MARRIED	AXNEVER MARRIED	8. DATE OF BIRTH			FUNDER 1 YEAR IF U	
Female	White	WIDOWED	DIVORCED	June 19 189	2 74	yrs.	Months Days H	ours Min.
10a. USUAL OCCUPAT	IDN (Give kind of work ing life, even if retire	done 10b. K	IND DF BUSINESS OR NDUSTRY	11. BIRT HPLACE (County & State, or	foreign country)	12. CITIZEN OF	WHAT
Housewi		Hon		Williamsp	Williamsport Maryland U.S.A			
13. FATHER'S NAM		1 11011	110	14. MOTHER'S MAI	1 14. MOTHER'S MAIDEN NAME			
John T	. Tice							
15. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT		113 Addiess	Artizan	St
(Yes, no, or unkown)	(If yes give war or dates	of service)	6 05 6299 M	r. H. Hicks	Shank	William	msport Me	d
I 18. CAUSE OF	DEATH Enter only or			17		1 4 5	INTERVA	L BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH							
11:101	IMMEDIATE CAUSE	(a)	Junuar.	7	- 0	71 tum	dedis 1	- MART
Conditions, If	DOE		2. 2/12.0	F. Vo.	- On !		1 1/2	1
gave rise to	immediate /	(b)	is an ac	aner	2-KC	· Viasus	ar.	
cause (a), stating the DUE TD Out of the Heart disease year					2000			
	SIGNIFICANT CONDITI	(c) ONS CONTRIBU	ITING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDIT	TON GIVEN IN PA	ART 1(a) 19. W	AS AUTDPSY
E VIZ	bete 1.	.00,7					YES [RFORMED?
20a. ACCIDENT	WAS UNDERLYING	205.	ESCRIBÉ HOW INJURY OC	CURRED. (Enter nature (of injury in Part	I or Part II of	L	1 [1
	WAS UNDERLYING TING CAUSE DE DEATHER MEDICAL EXAMI	TH NER)		·				
20c. TIME OF	INJURY Month, Day,	Year 20d. II		ACE DF INJURY (Home, tory, street, office bldg.,		ty or town)	(County)	(State)
20c. TIME OF Hour a.		While at work	NOT WHITE	eury, su ect, ouice biug.,	610.7			
21. I certify that (1) (this hospital) attended the deceased from 6 June 1967, to 10 apr., 1967, that (1) (we) last								
saw/the deseased alive on 2 21, and that death occurred at 2 M, from the causes and on the date stated above.								
222. SIGNATURE 22b. DATE SIGNED								
M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 11 April 1967								
22c. PHYSICIAN'S 22d. ADDRESS								
RICHARD T. Binford, M. D. 1135 Potomac Avenue Hagerstown, Md.								
23a. BURIAL, CREA	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE		23d. LOCA	TION (City, tow	n or county)	(State)
Bu pervová k (sp		13-67	Greenlawn C	emetery	Willi		Maryland	
24. FUNERAL DIRI	ECTOR		ADDRESS	25a. R	EC'D BY REGISTE		SISTRAR'S SIGNATU	
Albert L. Leaf Williamsport Maryland DAPR 13 1967 Schools Judge.					ec.			
				1 pd. f.				

VR AI5 (4)



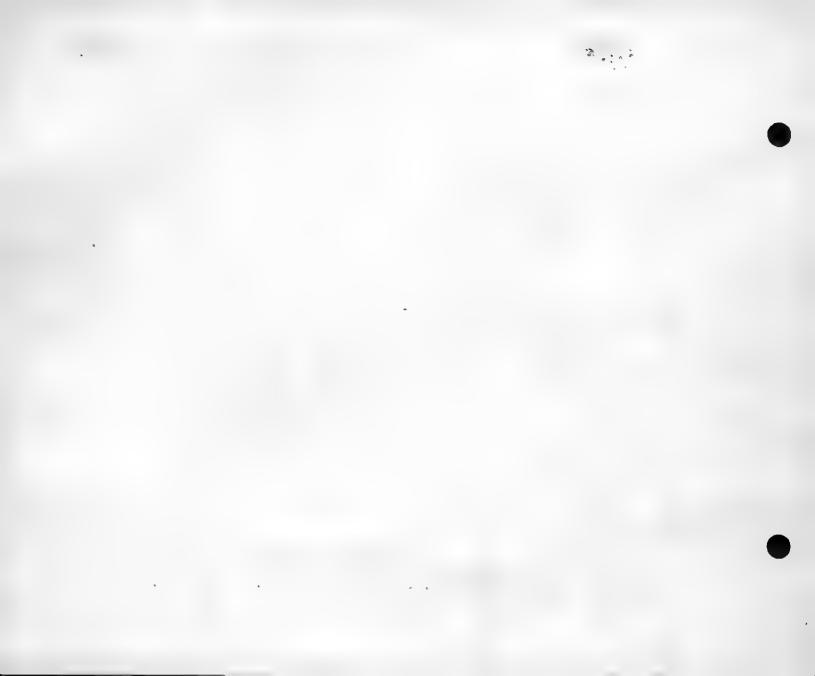
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05885 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Res dence before admission) o. COUNTY WASHINGTON o. STATE MARYLAND b COUNTY WASHINGTON MARYLAND vithin 72 haurs after b CITY OR TOWN (If outs de carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate imits, write RURAL and give negrest town) RURAL and MA CERSTOWN YRS. HAGERSTOWN d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) ⊑ e IS RESIDENCE ON A FARM? d. STREET ADDRESS CLEARVIEW NURSING HOME 115 BROADWAY 3 NAME OF remove carban Middle Last 4 DATE Manth Year DECEASED a Maria DEATH 6 COLOR OR RACE 7. MARRIED 9. AGE (In years IF UNDÉR NEVER MARRIED 8. DATE OF BIRTH last by thouy) Months FEMALE WHITE 4/8/1886 Days WIDOWED DIVORCED and and in ar 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY S . A . MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. LOWMAN TURNER LYDIA WAS DECEASED EVER IN U.S. ADMED FORCES? 17. INFORMANT Address HAGERS TOWN (Yes, no, granknown) (If yes give war ar dates of service) 213-18-9308 MRS. JANE EIGENBRODE MD. be detached far use as the burial-transit perr State Dept. af Health prior ta burial, crematian, signed by the c burial-transit p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART II WAS AUTOPS'
PERFORMED? 20b DESCRIBE HOW INDURY OCCURRED. (Enter nutre of injury in Part I or Part II of stem 1, 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CHAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20a, PLACE OF INJURY (Hame, form, 20f (City or town) (County) (Stote) Haur a.m factory, street, affice blda, etc. at wark O FUNERAL DIRECTOR: After of wark 21. I certify that (I) (this hospital) attended the deceased from 1964 that (1) (we) lost director, page 3 should should be filed with the 16 Z, and that death accurred at 20 A M, from couses and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR court DO M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 4/21/67 ROSE CEM. HAGERSTOWN FUNERAL DIRECTOR



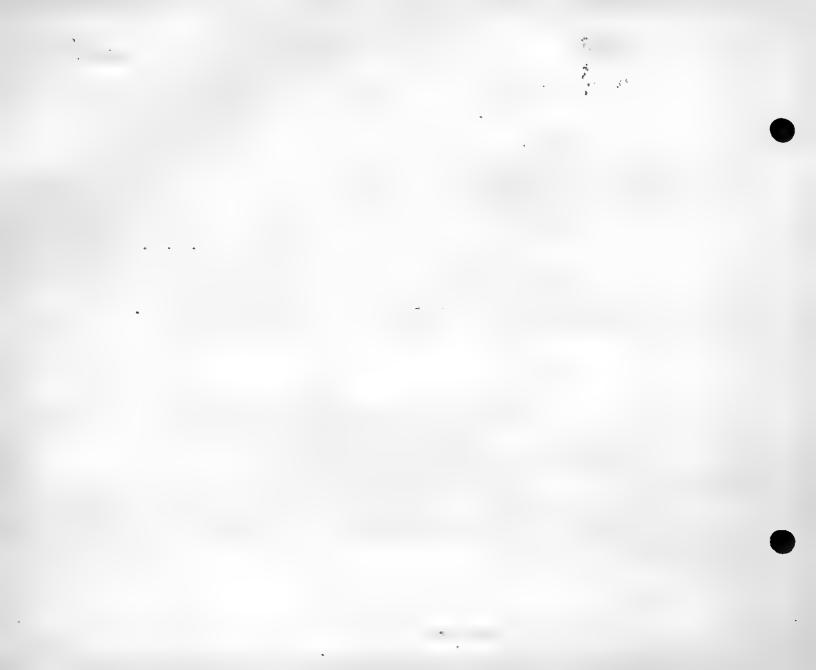
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05886 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased leved, if institution, Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY WASHINGTON PENNSYLVANIA MARYLAND FULTON c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) RURAL WARFORDSBURG HAGERSTOWN WEEKS S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Ξ. campletely filled WASHINGTON COUNTY HOSPITAL YES X NO RURAL WARFORDSBURG 4. DATE 3 NAME OF First Middle Dov Year DECEASED 1967 EDWARD APRIL (Type or print) STGEL DEATH and in ony event, F LINDER 24 HRS AGF (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthdoy) Months Dovs Hours Min MALE WHITE WIDOWED X DIVORCED 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT 100 USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY ? FULTON CO. . & PENNA. U.S.A FARMING FARMING 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, WILLIAM SIGEL SUSANNA HENDERSHOT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT MARFORDSBURG MRS. JESSIE L. SIGEL PENNA. NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) signed by the burial-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) irtery belerothe heart disease DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse Health prior to (c) 9 19 WAS AUTOPS PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO K 20h DESCRIBECTOW INJURY OCCURRED (Enter notice of migry in Port) or Port II of item 18) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INIURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year **DIRECTOR:** After this factory, street, office blag., etc.) Hour a.m. Not While ATTENDING of work at work 19 67 to 4-25 . 19.67, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram ____ Pome 4 may be retained , and that death occurred of 10 AM, from causes and on the date stoted obove saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATUR M.D. DIRECTOR 22d ADDRESS CRISP. AVE. HAGERSTOWN MD. 23d. LOCATION (City or Town) (Stote) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) BUCK VALLEY LUTHERAN 0 BURIAL FULTON. REC'D BY REGISTRAR **ADDRESS** FUNERAL DIRECTOR VR A15 (4) HOWARD J. GROVE HANCOCK, MARYLAND 25M 1/67

e 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95887 CERTIFICATE OF DEATH requires that the death cartificate be axecuted within 24 hours after Beath 2. USUAL RESIDENCE (Where deceased lived, if institution PLACE OF DEATH b. COUNTY a. COUNTY a. STATE MARYLAND WASHINGTON c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate imits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 20 YEARS HAGERSTOWN HAGERSTOWN e IS RESIDENCI d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? 132 CLARKSON YES NO IX 132 CLARKSON AVENUE Middle 4. DATE Year 3. NAME OF Łast Manth DECEASED (Type or print) 67 APRIL SMITH RUSSELL event CHARLES camplete DEATH IF UNDER 24 HRS IF LINDER 1 YEAR B. DATE OF BIRTH 9. AGE (In years 5 SEX 6 COLOR OR RACE 7. MARRIED XX **NEVER MARRIED** last birthday) Manths Davs Haurs burial, crematian, ar removal, and in any DIVORCED JULY 6 1902 WIDOWED WHITE 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) U.S.A. during most of working life, even if retired) INDUSTRY MARYLAND WASHINGTON GAS HOUSE ATTENDANT RATIROAD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME NETTIE KING JOHN H CLAYTON SMITH 132 CLARKSON, AVENUE 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dates of service) HAGERSTOWN MARYLAND C R SMITH 705-10-5482 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSTIT AND DEATH buriol-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital ar attending physician. DUE TO Cenditians, if any, which gave ase to immediate cause (a), DUE TO stating the underlying couse directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to the PHYSICIAM: The law WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X **DIRECTOR:** After this certificate Ö 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20e, PLACE OF NJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, office blda, etc.) Haur 'a.m Not While at wark 21. I certify that (I) (this xhoso tot) attended the deceased fram Morel , 1 saw the deceased alive an 3/ Morel 1967, and that death accurred at 1966 to 21 clth, 19_, that (1) (*ve) las M, fram causes and an the date stated above 22b DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 4/8/67 DIRECTOR M D PHYS 22d ADDRESS 22c PHYSICIAN 145 S. PROSPECT ST. HAGERSTOWN MD NAME (Whe) M.D **JOHN** C STAUFFER 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL, CREMATION (County) 23b. DATE THEREOF WASHINGTON MD HAGERSTOWN REST HAVEN CEMETERY 4/10/67 2Sa REC'D BY REGISTRAR 24. FUNERAL DIRECTOR HAGRESTOWN MARYLAND M ROUZER



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05888 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH physicion and completely filled in by the funeral a COUNTY b. COUNTY Washington bon papers Pages 1 within 72 hours after MARYLAND CITY OR TOWN (If autside corporate mits C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neogest tawn) Smithsburg 2 days Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital YES 🔀 NO 3. NAME OF 4. DATE Lost Month Doy Year DECEASED (Type or print) OF Florence Ellen Smith April 26 19 67 and in any event, DEATH IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH AGE (In years F UNDER 1 YEAR 7 MARRIED X lost birthday) Months Hours White Temale WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) dur ng most of working life, even if retired) Own Home Beaver Creek, Wash, Co.Md. 13 FATHER S NAME buriol, cremotion, ar removo Newcomer Weltu Katie Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Poge 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO for use as the L Health prior to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? IN THER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ge 3 should be detached for use led with the State Dept. of Health 205 OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year √20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 19 of work 21. I certify that (1) (this haspital) attended the deceased fram saw the declased alive an 19 / and that death occurred at M. from causes and an the date stoted obave. 220 SIGNATURE ATTENDING DIRECTOR M.D. director, page 3 should be filed ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) REMOVAL (Specify), Rest Haven Cemeteru Hagerstown Washington REC'D BY REGISTRAR VR A15 (4) Rest Haven Juneral Chapel Hagerstown Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05889 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Washington Maryland Washington MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) R Hagers Town c CITY OR TOWN (If autside corporate fimils, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Years Hagerstown R d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? campletelyfilled Leitersburg Pike Leitersburg Pike YES NO X NAME OF 4. DATE First Middle Last Month Year carbé DECEASED SMITH WOODROW 1 1967 April (Type or print) GLENN DEATH IF UNDER 1 YEAR IE UNDER 24 HRS S SEX 6 COLOR OR RACE X 9. AGE (In years 7 MARRIED NEVER MARRIED B DATE OF BIRTH 54 birthday) Hours White Male WIDOWED DIVORCED Nov 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) VIC . 12 CITIZEN OF WHAT during most of working life, even if retired) Wolfesville Fred Co 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME ar remaval, William W. Smith Etta L. Kline 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes_no, ar unknown) (If yes give war ar dates of service) Mrs Goldie I. Freed 214-30-1975 crematian. Hagerstown Md. TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEET burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse the hospital ar attending PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS PERFORMED? YES NO. this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 1B) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING FI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Slote) 20c. TIME OF INJURY Month, Day, Year Nat While foctory, street, office bldg., etc.) Haur a.m. O HOSPITAL OR ATTENDING Page 4 may be retained by th at work L at wark O FUNERAL DIRECTOR: After death, 19_, that (1) (we) los 21. I certify that (1) (this hospital) attended the deceased from Own 1965 to saw the deceased alive on centle 19 and the death occurred at. M, from causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S South NAME (Type) Prospect John C. Stallffer 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b DATE THEREOF (County) (State) 4/4/67 Foxville Fred Co Md. Bethel Cemetery APR 5 100 Hagerstown Coffman 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 35890 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY a STATE b. COUNTY Allegany MARYLAND Washington Maryland Hillegally
c CITY OR TDWh (If auls de corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (I sutside corpurate limits, C LENGTH OF STAY N 16 write RURAl and give nearest tawn) 1 day Cumberland Sharpsburg, Maryland d NAME OF HOSPITAL DR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS e S RESIDENCE ON A FARM? Office along with form Potomac River-Drowned 121 East Fifth St. NO T 3 NAME DF Middle Snyder DATE Month DECEASED OF dence Frederick Leroy (Type or print) DEATH S SEX 8 DATE OF 8 RTH 9 AGE (In years MARRIED SES NEVER MARRIED last birthday) White WIDOWED DIVORCED Male April 20,1939 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUS NESS OR 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Miscellaneous INDUSTRY Hospital Work COUNTRY? Cumberland, Md. USA 14 MOTHER'S MAIDEN NAME This certificate should be executed within pencil 13. FATHER S NAME John Snyder Bertha Gay 17 INFORMANT Address n ony event with.n 72 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND (Yes, na, or unknown) (If yes give war or dates of service Mrs. Margaret Snyder, Cumberland, Md. Wife no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the word DUE TO Canditions, if any, which gave nse ta immediate cause (a). DUE TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? remayol, PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICAT ON NO X 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH 201 h + 192 town) (State) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form (County) Tower Proce Not While of wark Skarksburg 21. I certify that I laak charge of the remains described above, held an Autopsy Inspection Inquiry 1 and in my apinian Undetermined monner death resulted fram: Natural causes Accident_ Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER Address (Street, city town, or county) 68 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 90 April 18,1937 Hillcrest Burial Park Cumberland 24. FUNERAL DIRECTOR 250 RE'D BY REGISTRAR VR A15ME (5) James F. Scarpelli, Cumberland, Md. 6M 1/67

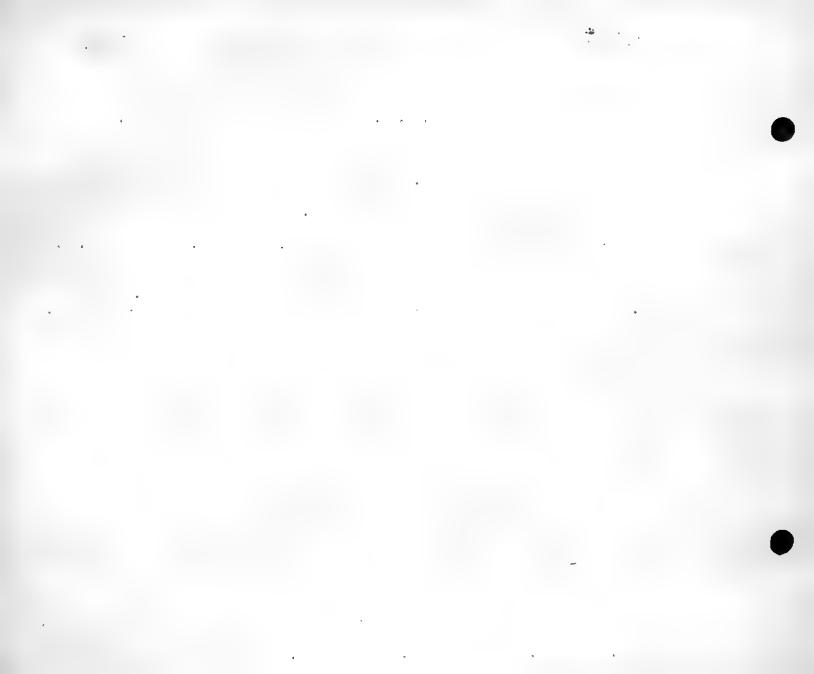


1		AND STATE DEPARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE, MARY	AND 21201			
FOR STATE TO		EXAMINER'S CERTIFICATE OF DEATH				
HEALTH DEMI	PLACE OF DEATH O COUNTY WASHINGTON	2 USUAL RESIDENCE (Where deceases of STATE MARYLAND	1 can see			
oth If any delay is ages 1, 2, and 3 to ith form PM3 Page State Department of	WITE HAGERSTOWN")	35 YRS? HAGERSTOW	mits, write RURA, and give nearest lawn)			
form If on form If the Depo	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street 120 N. CANNON AVE.	d STREET ADDRESS 120 N. CANNO	e IS RESIDENCE ON A FARM? YES NO X			
after deoth 8. Give Pages along with fo	3 NAME OF First DECEASED (Type or pant) LETIA	Middle Lost 4 DATE OF OF DEATH	Month Doy Year APRIL 18 19 67			
			AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS last hyrthday) Months Days Hours Mon			
not in them 18 not in them 18 niner's Office of pages lond 2 urs after death	100 USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) HOUSEWIFE HOME	USINESS OR 11. BIRTHPLACE (State at foreign cau				
with n 2 pencil ir xominer' ile pages hours af	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
executed with nding" in per Medicol Exorr permit. File I within 72 hou	HOLLIDAY H. SHANK 1S. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) NO		HAGERSTOWN			
be e "per nief nisit	DUE TO		INTERVAL BETWEEN SUGGEN Vears			
This certificate should cate, writing the word be forwarded to the CP be used as a buriol-try removal, and in any ev						
This certificate, writh be forwar be used removal, c	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	-	YES NO 🔀			
ER: The certifica certifica could be es. hould b	PREFORM THE STEPRIAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 200 INJURY OCCURRED CENTER OF NURY (name, form, hour d.m., pm. 19 While Not While catwork, street, office bidg, etc.) A primary of county of the contribution of the con					
EXAMINER: ute the cert age 4 should your files. Page 3 shou						
AEDICAL I REDICAL I lirector. Per rained for NRECTOR: to burial,	21. I certify that I took charge of the remains of death resulted from Natural couses X, A ACTUAL SIGNATURE	tescribed obove, held on Autopsy, Inspectio cc.dept, Suicide, Homicide, Uni CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER	determined monner 4/18/67 22. DATE SIGNED			
O DEPUTY An necessary, plushe funeral definition of FUNERAL Defini	EXAMINER'S NAME (Type) Howard N. Weeks	DEPUTY MFDICAL EXAMINER Address (Street, aty, town, a	580 Northern Ave.			
10 D nece the 10 Fin	REMODURAL 4/21/67 E	HOSE HILL CEM. HA	GERSTOWN WASH. (State)			
VR A 15ME (5)	W. J. Horning & Hages	Nown July DAYDR 250. REC'D BY REGISTRA				

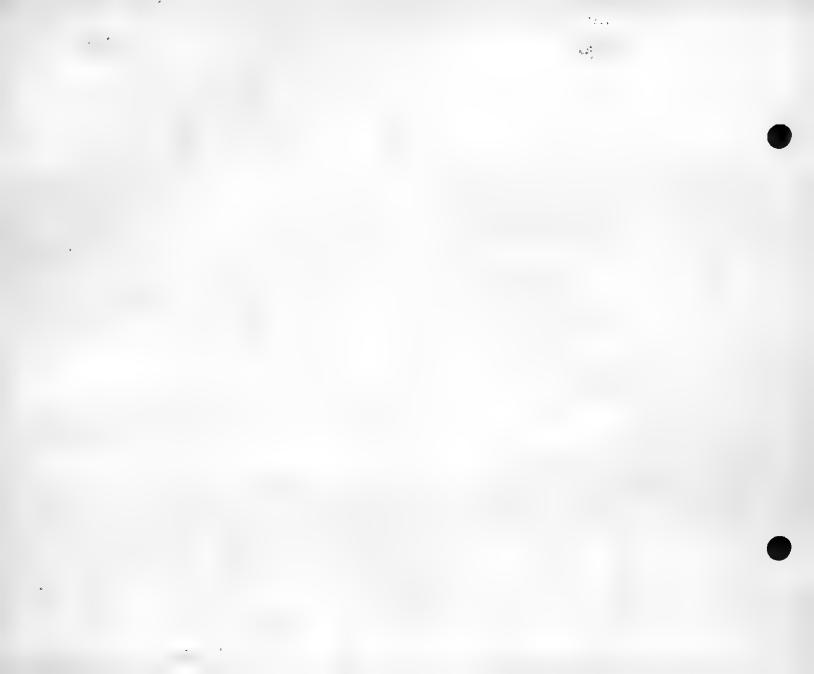




1 1	D' 1 CTATIOTIC	MARYLAND STATE DE		ASA DVI AND ALGO
R STATE	05893	MEDICAL EXAMINER'S	W. PRESTON STREET, BALTIMORE, CERTIFICATE OF DEATH	NAKTLAND 21201
1 P	LACE OF DEATH COUNTY Sashington	MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, o. STATE Laryland	f institution Residence before admission) b. COUNTY Washington
b H	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lagerstown	C LENGTH OF STAY IN 16	CITY OR TOWN (If outs de corporote limits, Rural Rohrersvil	write RJRAL and give nearest town) le Rfd. 1
17	NAME OF HOSP IAL OR INSTITUTION (If not neather than the same of t	spital	d STREET ADDRESS Locust Grove	e IS RESIDENCE ON A FARM? YES NO X
D D	### AME OF Farst ####################################	Middle J.	Lost 4. DATE OF Stine DATE OF BRTH 9 AGE (In	Month Doy Year April 12m 19 67 I Years FUNDER YEAR IF UNDER 24 HRS
M		MARRIED NEVER MARRIED 8 WIDOWED DIVORCED 10b KIND OF BUSINESS OR	Dec. 24, 1904 St bridge of foreign country	thdoy) Months Days Hours Min
during.	c most of work ng lie, even if retired) Cabinet Maker FATHER'S NAME	Furniture	Locust Grove, Md.	U. S. A.
IS. 1	John Stine WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 III	Lillie Smith	Adhess
a A	na, or unknown) (If yes give wor or dotes of ser 18 CAUSE OF DEATH (Enter only one couse p	214-09-1995 Mrs	. Catherine Stine, R	ohrersville Rfd. 1
	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ### 20 / DUE TO Conditions, if any, which gove tise to immediate couse (o), but to gove the property of the	Coronary occarrioscle		years
CATION	*****		HE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO K
	200 EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH		Enter noture of in any in Port I or Part I of ter	
MEDICAL	20c TIME OF .N.JRY Month, Doy, Yeor Hour o m. p.m. 19	While Not While of work of work	E OF INJURY (Home, form 1974), street, office bldg., etc.)	
	21. I certify that I took charge of death resulted from Natural co		de, Homicide, Undeterm CHIEF MEDICAL EXAMINER	Inquiry, and in my opinion ined monner
	SIGNATURE	Weeks, M.D.	Address (Street, city, town, or county	580 Northern Ave. Hagerstown, Md.
	BUR AL, CREMATION, 23b. DATE THEREO 4-15-67	Locust Grove	REMATORY 23d LOCATION (C	City or Town) (County) (Stote)
71	funeral director hn H. Bast, Jr. 112	ADDRESS	250 RECD BY REG STRAR 67	25b COSTAR SIGNATURAGE



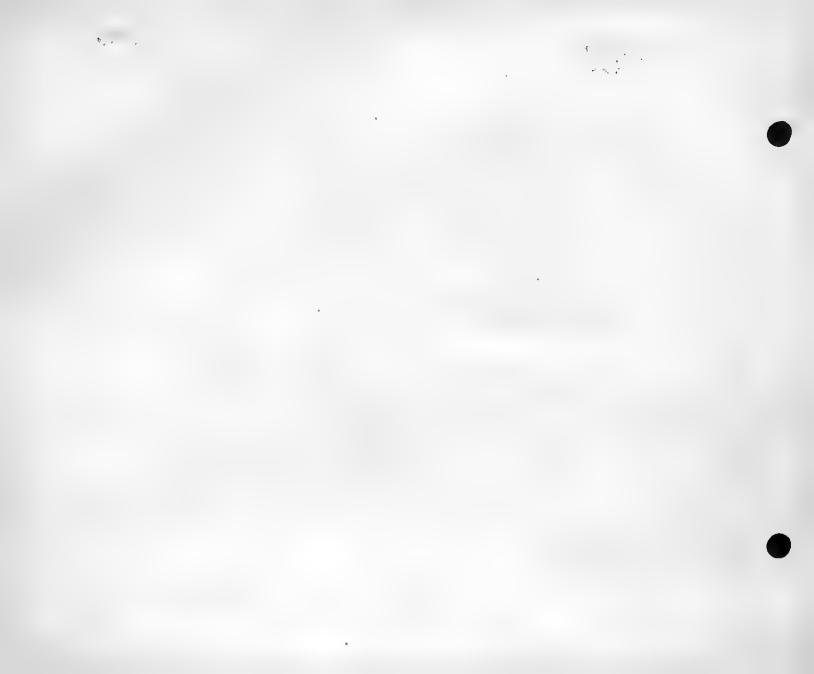
1		DIVISION		ARYLAND STATE DEPARECORDS, 301 W. PRESTO			201	
2 1	0589	4		CERTIFICATE	OF DEATH		05892	
the funeral and 2 coffee of the funeral	1 PLACE OF DEATH o. COUNTY	NGTON		MARYLAND	2 USUAL RESIDENCE o. STATE MARY LAN	(Where deceased lived, if in b.	Stitution Residence before COUNTY WASHINGT	admission) ON
24 haurs after death ed in by the funeral ppers. Pages I and 2 72 haurs of respectively	write RURAL of	(f autside carparate limit nd give nearest tawn) STOWN ITA. OR INSTITUTION (If no		c. LENGTH OF STAY IN 16 43 YEARS	CITY OR TOWN (IE HAGERS d STREET ADDRESS	autside carporate limits, writ	e RURAL and give nearest	tawn)
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be executed within 24 haurs of and campletely filled in by the remark carban papers. Pagin only even within 72 haurs	3. NAME OF DECEASED (Type or pont)	JOSEPH	rsi	Middle GARDNER	TARBART	4 DATE OF DEATH AI	Month Day PRIL 21	Year 19 67
and camplet	s sex MALE	6 COLOR OR RACE WHITE	7. MARRIED WIDOWED		APRIL 1 19	9. AGE (In year last birthdo	ors IF UNDER 1 YEAR (1y) Months Doys (48)	Hours Min
be e	10a USUA, OCCUPATION during mast af warking REPATRM	IN (Give kind of work done g irle, even if retired)	10b K	IND OF BUSINESS OR NDUSTRY TELEVISION	CARROLI		12 CITIZEN OF COUNTRY?	S.A.
th certific ding phys Then p removal,	13. FATHER S NAME	JOSEPH G 1	ARBART	3	14 MOTHER'S MAIDEN	FRANCES DEET	rs .	
se death cer attending p permit. The		/ER IN U.S. ARMED FORCES? (If yes give wor or dotes)	e canacall		nformant ROY M. TARI		POR" STREET STOWN MARYLA	ND
at the the sit mat	18. CAUSE OF I PART I. DE		(0)	aring ac	elanie	hunt de	INTER	RVAL BETWEEN ET AND DEATH AND DEATH
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached for use as the bural-traded with the State Dept. of Health priar to burial, are	rise to immedia stoting the und last.						0	
CCIAN: The I said or after the artificate has a for use as of the for use and for the after the	PART IT OTHER			TO DEATH BUT NOT RELATED TO			YES	WAS AUTOPSY PERFORMED? S NO
PHYSICIAN: The e hospital or afte his certificate has stacked for use a Dept. of Health p	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		ESCRIBE HOW INJURY OCCURRED			·	(0)
OR ATTENDING PHYSIC be retained by the hospi DIRECTOR: After this certi ge 3 shauld be defached led with the State Dept. af	F	i.m. 19	While of war	Not While fact	CE OF INJURY (Hame, fa ory, street, office bidg., et	()		(State)
ATTENDIN etained by CTOR: After should be	saw the	deceased alive an 🗸	Sukak) Xatten	ded the deceased fram	death accurred o	19.67 , to 2/2 at 7 M, fram cou	ises and an the date	
	22a. SIGNATURI	ldon .	1/20	rach cale MI	ATTENDING PHYS 22d, ADDRESS	MED STAFF PHYS	22b DATE SIGNED APRIL 22	
	22c PHYSICIAN NAME (Typ		OACHLAI	NDER M.D.		ASHINGTON ST	.HAGERSTOWN	MD.
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fil	230 BURIA, (REMAI REMOVAL (Speci BURIAL 24 FUNERAL DIRECT	(v) 4/25/	ereof 67	23c NAME OF CEMETERY OR RC'SE HILL CE PERCHAPED CHI		23d LOCATION (City HIS EAST OF MANCHUS TE CD BY REGISTRAR 2S	or Town) CARTOLL B. REGISTRAR'S SIGNATURE	MD
VR A15 (4) 25M 1/67	CHARL		HAGER	STOWN MARYLAND	DATA		Milarles Je	udge.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ys ys		13.	FATHER'S NAME					4. MOTHER'S MAIDEN	NAME			
ert Ph even			HASLUF	VAN HOR	N			ANNA I	BLACK			
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enc mrt ar		(46	s, no, or unknown) (If y	es give wor or dotes of	service)	14_09_018	5 MRS	VERNON L	VAN HORI			
aff aff			18 CAUSE OF DEATH	(Enter only one cour			7 1 11100	VILLETON D	VALV HOTEL	ole silko		RVAL BETWEEN.
equires that the death certificate be executed physician. signed by the attending physician and comple burial-transit permit. Then please remove burial, cremation, ar remayal, and in any event			PART I. DEATH V	AS CAUSED BY:		remia					- ONS	ET AND DEATH
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haspital haspital certification		At C	(IF EITHER, NOTIFY MED	ICAL EXAMINER)			1					
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retained ret				ised alive on	4-4	19 6 7.	and that a	eath accurred a	17800 PM, fr	am causes and	d an the date	stated above
₹ # B B # ₹			220. SIGNATURE	7- 4	U /	. 10		ATTENDING -	MED	STAFF (22b DATE SIGNI	
g € 				a level	~- <u> </u> (e	radio	M.D	PHYS. X	MED DIRECTOR	PHYS L	4/5/6	7
May be may be RALDIR Page 3 , page 3 be filed	,		22c PHYSICIAN'S NAME (Type)	ADDED A TO		26.75		22d. ADDRESS	Distribute A Pro-	3 114 200 0	MOVEDI MAT	STEF ABITS
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O HOSPI Page 4 n O FUNER director, shound b	1.	230	BURIAL, CREMATION,	236 DATE THE		23c NAME OF CEN	ETERY OR CRI	MATORY	23d LOCATI	ON (City or Town)	(County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05896 CERTIFICATE OF DEATH filled in by the funeral popers. Pages 1 and 2 thin 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY b. COUNTY Washington o. STATE Maryland V. ashington MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstovn c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) 24 Hrs. Hagerstown, Maryland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? completely filled Washington County 856 Guilford Ave. lospital YES | NO FX NAME OF Middle carban First Last 4. DATE Month Day Year DECEASED Wheatlev 14, 167 Ldward April Frank (Type or print) DEATH S SEX 6 COLOR OR RACE 9 AGE { n years F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH remove Months birthday) Davs Male White Aug.11,1907 and in any WIDOWED DIVORCED gud 10b KIND OF BUSINESS OR Aging 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working, ife, even if retired)
Administrator physician a US A NDUSTRY-Coffman Home for Edgemere Balto Co Md 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, Anna Barlow Edward E. Wheatlev IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) (If yes give wor or dates of service) Mrs. Thelma H. Wheatley Hagerstown Md .4-09-2466 cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). by the signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying couse as the hos been last. WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO V this certificate 200 ACCIDENT WAS INDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (Eity or town) (County) (State) Hour 'a m factory, street, affice bldg., etc.) Not While at work L at work O FUNERAL DIRECTOR: After deceased from 13 144, 1964, to Add fly 1962 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 13 director, page 3 should should be filed with the sow the deceased alive an___ 22a. SUGNATURE 22b DATE SIGNED MED DIRECTOR PHYS ZZC. PHYSICIAN'S 22d. ADDRESS. NAME (Type) NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) (State) REMOVAL (Sperify) /18/67 Rose Hill Cemetery Hagerstown. Larvland 25b REGISTRAR S SIGNATURE REC'D BY REGISTRAR 24 EUNERAL DIRECTOR K.Coffman Inc. .Marvland Hagerstown



MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	05898 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05898
EALTH DAPT.	PLACE OF DEATH O COUNTY Washington MARYLAND 2 USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) b. COUNTY Washington MARYLAND
del ond M3 frme er d	b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town) Manganswille Life Manganswille /
es 1, 2 form form te Dep	d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) ### description of the descript
ofter death 1f uny 8 Give Poges 1, 2, along with form P. with the State Depor	3 NAME OF Fist Middle Lost 4 DATE Month Doy Year DECEASED (Type or pnnt) Eva Gertrude Wilhide DEATH April 11 1967
M WI	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years Windows) White WIDOWED D VORCED August 19,1886 80 yrs Months Doys Hours Min
	100 USWAL OCCUPATION (G ve kind of work done during most of working to even if retired) 100 USWAL OCCUPATION (G ve kind of work done during most of working to even if retired) 100 USWAL OCCUPATION (G ve kind of work done during most of working to even if retired) 110 KIND OF BUSINESS OR 111 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
withir pencil xomin ile pay	Michael Lowery Annabelle Ebersole
U	(Yes, no. quinknown) (If yes give wor or dotes of service) 217-32-5624 Paul J. Wilhide Mangansville, Md.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arterioscleratic Cardio Vascular Disease UNITERVAL BETWEEN ONSET AND DEATH 10 years Conditions, if ony, which gove ase to immediate couse (o), (b) Senility
This certificate shaul cate, writing the war be forwarded to the be used as a buriol r to burial, cremotion	Stoting the underlying couse (c) Out to (c)
This certificate, writing be forward to be used in to buria	PERFORMED? YES NO EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of nurs in Part Lor Part Lof Hern 18.)
INER: 1 e certific should b files. 3 should nt, prior	20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, 20f (City or town) (County) (State)
AL EXAMINER: execute the cert in. Page 4 should for your files. FOR: Page 3 should noted agent, pr	Hour o.m p.m. 19 While otwork of work total factory, street, office bldg, etc.) 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinical
dse dse recto innecto REC	death resulted from: Natural causes & Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TO DEPUTY ME necessory, plea the funeral dir. 5 may be retain TO FUNERAL DIR. Health or its d	EXAMINER'S NAME (Type) AT F WAT (TO & DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPU
TO I need the S III	230 BLRIA, CREMATION, 23b DATE THEREOF 23c NAME of CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) REMOVA (Specify) Hagerstown Washington Md.
VR A15ME (5)	24 FUNERAL DIRECTOR When There Address April 250 REGISTRAR 256 REGISTRAR S GNATURE Rest Haven Funeral Chapel Hagerstown Mid. DATE 1967 Jelievles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05899 24 hours after deoth. death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and compretely filled in by the funeral remove caches papers. Pages 1 and PLACE OF DEATH 6. COUNTY o. COUNTY o. STATE Washington Washington Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town Highfield mos. B. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Washington County Hospital YES 1 NO DE requires that the death certificate be executed within NAME OF Middle DATE Month Dov Year Lost DECEASED OF April 67 19 (Type or print) DEATH < <5X B. DATE OF BIRTH 9. AGE (In years 24 HRS 6 COLOR OR RACE NEVER MARRIED bythdoy) Months 1873 May 7. color male DIVORCED WIDOWED JK 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) Maryland 14 MOTHER S MAIDEN NAME 13. FATHER'S NAME Elizabeth McAfee Willard Romonour 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes no or unknown) (If yes give wor or dates of service 5 Lantz. 20-16-1111 Mrs. Susie Brown Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a) DUE TO stoting the underlying couse by the hospital or attending has been the r to last SD 19. WAS AUTOPS) PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO YES [this certificate far 200 ACC DENT WAS UNDERLYING I 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour o.m While O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from, be retained should 7, and that death occurred at 73 fM, from causes and on the date stated above. 196 saw the deceosed alive on. 22b. DATESIGNED 22o SIGNATURE DIRECTOR PHYS. M.D 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BURIAL, CREMATION Moriah Lutheran Foxville. Fred. Raymond E. Cr 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE A



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05900 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY b. COUNTY Washington o. STATE filled in by the fun papers Pages 1 thin 72 hours after of Wash. MARYLAND the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give negrest town)
Hagerstown 5 years Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 76 E. Irvin Ave. Washington County Hospital YES NO NAME OF 4 DATE Los Year DECEASED RAYMOND WILSON JOHN April 67 (Type or print) remove cal If UNDER 1 YEAR S SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED (yobirthdoy Hours 1-6-07 white male burial, cremation, or remayal, and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOP KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT truck mfg. New Brunswick, N. J. COUNTRY ? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John O. Wilson Haidee Collins 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 141-05-0178 Mrs. Laura A. Wilson, Hagerstown, Md 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSEL AND DEATH IMMEDIATE CAUSE (o) 420 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO Z 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While 21 I certify that (I) (this haspital) attended the deceased from 1967, and that death accurred at 12.154M, from causes and an the date stated above. saw the deceased alive an_ 22o SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Robert F. Keadle, M. D. 580 Northern Ave., Hagerstown, Mdd 21740 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL, CREMATION, Rest Haven Cemetery Hagerstown, Md. 4-29-67 ADDRESS 250. REC D BY REGISTRAR 25b REG STRAR S SIGNATUR 24. FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown, Md. VR A15 (4) Charles 196



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, if institution kesidence defare admission PLACE OF DEATH a. COUNTY b. COUNTY SHINGTON WASHINGTON MARYLAND requires that the death certificate be executed within 24 hours after CLENGTH OF STAY IN 16 c CITY OR TOWN (If butside carparate limits, write RURAL and give nearest tawn) b. EITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) B16 Hours, POOL HAGERSTOWN IS RESIDENCE d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street, address) ON A FARM? HOSPITAL WASHINGTON NO I Middle 3. NAME OF 4 DATE First Last Manth Dav Year DECEASED ANN OST DEATH (Type or print) 9 AGE (In years last birthday) JE LINDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS SEX 7 MARRIED NEVER MARRIED Days DIVORCED WIDOWED 28 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during mast af warking 1 te, even if retired) COUNTRY? S. A. INDUSTRY MORGAN Co 14 MOTHER'S MAIDEN NAME 13 FATHERS NAME CAROLYA 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 AUCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war at dates of service MOTHER INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART : DEATH WAS CAUSED BY EREBRAL HEMORPHAGES-IMMEDIATE CAUSE (a) DUE TO HYPERTONIE WEHYDRATION Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause has been ASTRO ENTERITIS last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 PERFORMED? HEART PNEHMONITIS ONGESTIVE 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark O FUNERAL DIRECTOR: After 21 I certify that (1) (this hospital) attended the deceased from. 1967, that (I) (we) last be retained and that death occurred at # AM, fram causes and an the date stated above saw the deceased alive on. 22b DATE SIGNED 22a SIGNATURE DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S director, 23b DATE THEREOF NAME OF CEMETERY OR 23d, LOCATION (City or Town) (StateM D 230 BURIAL, CREMATION (Caunty) POOL REMOVAL (Spenify) L PARKHEAD E.W.B. RURAL BUG WASHINGTON FUNERAL DIRECTOR

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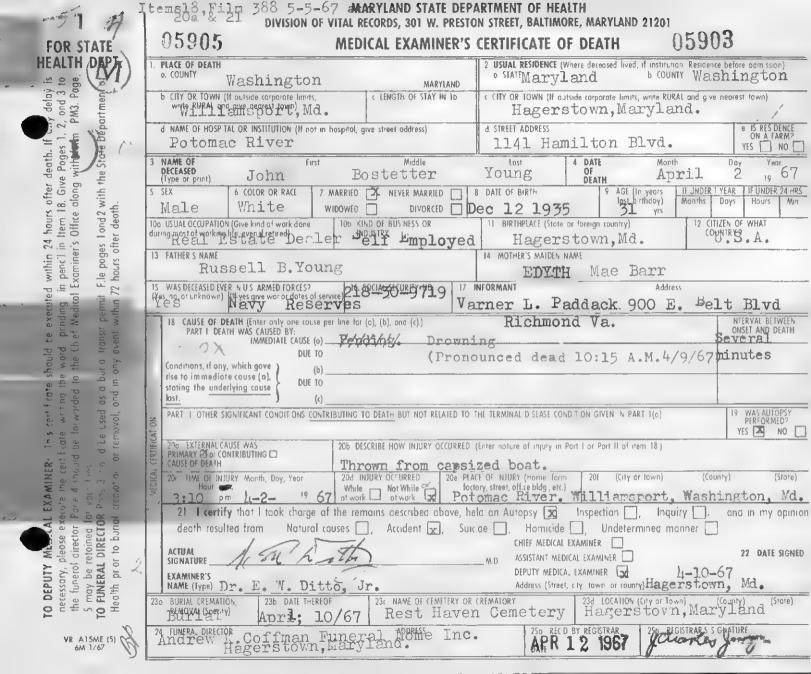
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	[te	bms 18,29a&21 Film 388 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		05903 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05901	
HEALTH DETT		PLACE OF DEATH o. COUNTY Washington MARYLAND 2 USUAL RESIDENCE (Where deceased ved, if notifulian Residence before odm ssion) b. COUNTY county b. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY c	_
y deloy i	W	b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town). Lilemsport, N.C. Hagerstown, Md.	_
es 1, 2, form form te Depo		d NAME OF HOSP TALOR INSTITUTION (If not in hospital, give street oddress) Potomac River A STREET ADDRESS	
Pog with		NAME OF First Middle Last 4. DATE Manth Day Year DECEASED (Type or print) Claudette Fann Young DEATH April 2 1967	
	F	emale White widowed Divorced Dec 25 1935 9 AGE (In years Funder 1 year of birth Dec 25 1935) 9 AGE (In years Funder 1 year of burthday) Months Days Hours Min	
hin 24 haurs nail in Item I niner's Office pages Iond2 _e urs after death	dur	LSUAL OCCUPATION (Give kind of work done upg mast of working life, even if retired) NOUSE WITE OWN Home 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore.gn country) Tenn. 12 (ITIZEN OF WHAT collars) COUNTRY? ashville Davidson Cd U.S.A.	
executed within nading" in pencil Medical Examine to permit. File page within 72 hours o		FATHER'S NAME A.A.Fann WAS DECEASED EVER IN U. S. ARMED FORCES? 14. MOTHER'S MAIDEN NAME Clarice O. Clantom Address	
e executed pending" in the Medical Pending in the Medical Pending pendit. It within 72 mit within 72	120	is, no grunknown) (If yes give war ar dates of service) 408-52-0108 Varner L. Paddack 900 E Belt Blvd	_
ld be executed within 24 haurs rd "pending" in pencil in Item I Chief Medical Examiner's Office transit permit. File pages 1 ond 2 event within 72 hours after deat		PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (0) Pending ONSET AND DEATH Several	_
shau he wo to the buriol		Canditions if any, which gave anse to immediate cause (a), (b)	_
rt ficate riting th raided raided in		Stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED?	
be e	CERTIFICATION	PERFORMED? 20a EXTERNAL CAUSE WAS PRIMARY 25 or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part 1 of term 18.)	
EXAMINER: This of the tertificate, age 4 should be for your files. Page 3 should be us tremation, at remove	MEDICAL CERT	PRIMARY B or CONTRIBUTING CAUSE OF DEATH. Thrown from capsized boat. 2Dc T ME OF INJURY Manth, Day, Year	<u> </u>
L EXAMINER: ecute the cert Poge 4 should or your files. R:Page 3 should.	MED	3:10 pm 1-2- 1967 at work at wark Potomac River Williamsport, Washington, Williamsport, Washingt	ian
DEPUTY MEDICAL EXAM scessary, please execute the e funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crema		death resulted fram Natural causes , Accident , Suicide , Homicide , Lindetermined manner .	Q.F.I
EPUTY ME sssary, pleasing the funeral direction on the retainment of the prior to t		ACTUAL SIGNATURE ASSISTANT MED CAL EXAM NER DEPLTY MEDICAL EXAMINER LI-6-67	ED
o DEPUTY necessary, the funera 5 may be 7 FUNERAI	_	NAME (Type) Dr. E. W. Ditto, Jr. Address (Street city, town, or county) Hagerstown, Md.	
TO DEPL necessa the fun 5 may TO FUNE Health		Burial (Specify) 23b Date thereof Rest Haven Cemetery Hagerstown, Marylawid. Rest Haven Cemetery Hagerstown, Marylawid.	
VR A 15ME (5)	Å	Havens town, Mary land.	



12	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	05904 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Page HEALTH OFFI	1 PLACE OF DEATH 0 COUNTY Washington 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 5 STATE Maryland Washington Washington
ath If any delay oges 1, 2, and 3 th form PM3. Pag	b (ITY OR TOWN (f autside carparate limits, c LENGTH OE STAY IN 1b c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) Williamsport Maryland Several His Hagerstown
form If form If form If Deport	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Potomac River d STREET ADDRESS L141 Hamilton Blvd. e is residence on a EARM? YES \[\] NO \[\]
r death ve Pog g with the Sta	3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED (Type or print) Edyth Monique Young DEATH April 2 1967
d be executed within 24 haurs after death. If a "pending" in pencil in Item 18. Give Poges 1, Ch'ef Medical Examiner's Office along with form transit permit. File pages Idad 2 with the State Deevent within 72 hours after death.	s sex 6 COLOR OR RACE 7. MARR.ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years last birthday) 4 yrs Manths Days Haurs Man.
24 hour in Item er's Office offee dead	10b KIND OE BLSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CHITZEN OE WHAT COUNTRY? 10 KIND OE BLSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CHITZEN OE WHAT COUNTRY? 13 CHITZEN OE WHAT COUNTRY? 14 CHITZEN OE WHAT COUNTRY? 15 CHITZEN OE WHAT COUNTRY? 16 CHITZEN OE WHAT COUNTRY? 17 CHITZEN OE WHAT COUNTRY? 18 CHITZEN OE WHAT COUNTRY OE WHA
be executed within 24 "pending" in pencil in note the frominer's ansit permit. File pages ent within 72 hours often	13. FATHER'S NAME John B. Young Claudette Fann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
executed inding" in Medical I permit I within 72	(Yes, no, or unknown) (If yes give wor or dotes of service) None Varner L. Paddack 900 E Pelt Blvd
should be executed within tward "pending" in pencil the Chief Medical Exominuical-transit permit. File poor only event within 72 hours	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH Tristant
irate shouling the war ded to the os a bur.al-	Conditions, if any, which gove tise to immediate cause (a), stating the underlying couse (c) (c)
his certif ote, writ e farwor be used emovol, c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	PEREORMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY DEscr CONTRIBUTING CAUSE DE DEATH Thrown from capsized boat.
se execute the certificate, writer. This certificate, writer. Page 4 should be farwoned for your files. ECIOR: Page 3 should be used bur al, cremotion, or removol.	20c Time DE INJURY Month, Day, Year 20d NLRY OCCURRED 20e PLACE OF INJURY (Hame, form, laur 3:10 pm 1:-2- 19 67 at wark 2 Potomac River 3:11 iamsport, Washington, Md. 21 certify that I took charge at the remains described above, held an Autopsy 7, Inspection 5, Inquiry 7, and in my opinion
CAL exector. Pour Port For CTOR: Lr al,	21 certify that I took charge at the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from Natural causes, Accident, Suicide, Homicide, Undetermined monner
DEPUTY MEST. ressory, please e funeral directal moy be retained FUNERAL DIRECT edith prior to bur	ACTUAL SIGNATURE MD ASS STANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
TO DEPUTY MEST. necessory, please et the funeral director 5 moy be retained TO FUNERAL DIRECT Health prior to bur	NAME (Type) Dr. E. W. Ditto, Jr. Address (Street, city, town, or county) Hagerstown, Md. 230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d .OCATION (City or Town) (County) (State)
VR A15ME (5)	Andrew K. Coffman Funeral Home Inc. Hagerstown, Md. Rest Haven Cemetery Hagerstown Md 256 RECD BY REG. STRAR 967 256 PATE OF THE PROPERTY STRAIN S
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05906 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPL PLACE OF DEATH USUAL RESIDENCE (Where deceased I ved, if institution: Residence before admission) a COUNTY Washington b COUNTY Washington o SHATE Maryland Page 3 to af of MARYLAND defay i b CITY OR TOWN (if autside carporate limits, Williamsport Md. c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c TENGTH OF STAY IN 16 guq Hagerstown.Md Several Hrs d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) S RESIDENCE ON A FARM? form 1141 Hamilton Blvd. Potomac River NO TOTAL in pencif in Item 18. Give Poges be executed within 24 haurs after death NAME OF Middle 4 DATE e, writing the word 'pending'' in pencil in Item 18. Give Pog farwarded to the Chief Medical Examiner's Office along-কাশ্য First Month Year DECEASED OF DEATH 19 67 Bostetter Young April Robert IF UNDER 24 HRS S SEX 6. CO.OR OR RACE 8. DATE OF BIRTH 9 AGE (n years FUNDER 1 YEAR 7 MARRIED NEVER MARRIED X lost 6 b rthday) Months Dovs White Male Dec 31 1960 in any event within 72 haurs after death. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most atwarking the even fromed) 11. BIRTHPLACE (Stote or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY'S . A. Hagerstown, Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Claudette Fann John B. Young 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes on or unknown) (If yes give you or dates of service) None Varner L. Paddack 900 E Belt Blvd Richmond Va. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Drowning. Instant *This certificate should DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or, remaval, NO x please execute the certificate, shauld be 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) PRIMARY Stor CONTRIBUTING [CAUSE OF DEATH. Thrown from capsized boat. crematian, 20f (City or town) 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, farm (County) (State) 20c TIME OF NILRY Month, Day Year factory, street office blda etc.) yaur Wh e Not While at work at work Potomac River, Williamsport, Washington, Md. 21 I certify that I tack charge of the remains described above, held an Autapsy [1], Inspection 🕱 inquiry , and in my apinion Natural causes Accident x death resulted fram-Suicide Ham'cide Jadetermined manner be retained CHIEF MEDICAL EXAMINER ACTILAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 😾 4-4-67 **EXAMINER'S** Address (Street, city, town, or county Hagerstown, Md. Health NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d .OCATION (City or Town) (County) 23a BURIAL CREMATION 0 Hagerstown, Md. Rest Haven Cemetery 25b REGISTRAR'S EIGNAHIRE Andrew K. Coffman Funeral Home Inc. Hagerstown, Md, 250 REC'D BY REGISTRAR VR A15ME (5) 6M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05908 CERTIFICATE OF DEATH 05906 requires that the deoth certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Washington o. STATE b. COUNTY Md. Wash. MARYLAND ician and completely filled in by the fu sase temove carbon papers. Pages ond in any event, within 72 hours after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hagerstown years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 426 Virginia Ave. 426 Virginia Ave. YES NO Middle NAME OF 4. DATE Lost Year Dov DECEASED DAVID OF DEATH FRITZ ZOOK April 11, 1967 (Type or print) S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED Months Doys Hours male white March 20. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) refrigeration please COUNTRY? physician Waynesboro, Penna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys buriol, cremotion, or remaya David B. Zook Virginia Fritz WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service permit. 214-09-8946 Mrs. M. J. Zook, Hagerstown, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. 4201 DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached for use State Dept. of Health NO certificate 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Hour 'o m factory, street, office bldg., etc.) ATTENDING ot work 21. I certify that (1) (this hospital) attended the deceased from that (1) (we) last 1906, and that death occurred at 10 Pam, from causes and an the date stated above. saw the deceased alive an 12 22o. SIGNATURE 22b. DATE/SIGNED **ATTENDING** director, page 3 should be filed v M.D. PHYS. 22c: PHYSICIAN'S NAME (Type) 22d. ADDRESS 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 185MGWAL (Spenify) 4-14-67 Green Hill Cemetery Waynesboro, Penna. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Minnich Funeral Home, Hagerstown, Md. VR A15 (4) 25M 1/67

